

IDENTIFICATION OF FACTORS THAT BUILD THE SPECIAL AUTONOMY OF HEALTH SERVICES IN NORTH ACEH

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Abstract

The purpose of this study was to develop a measurement instrument for the distinctive autonomy variable in North Aceh's health services. The research sample comprised 400 respondents selected on random from the population of North Aceh. The research method is research and development, supported by AMOS software. Primary and secondary data were collected through literature reviews and questionnaires. The results showed that all instruments assessing the validity and reliability of the unique autonomy variable for health services met the fit model's criteria according to the Goodness of Fit Model standard. 20 factors have been identified as indicators capable of establishing and measuring the special autonomy of North Aceh public health services. Collaboration and coordination are the most critical things to strengthen in order to support the execution of North Aceh's special autonomy for health services. However, the findings of this study demonstrate that all instruments possess construct validity.

Keywords: confirmatory factor analysis, special autonomy, service, health, SEM

INTRODUCTION

The enormous diversity of Indonesia's territory resulted in regional differences in people's welfare conditions. Centralized development practices in the past, including taxes, natural resource management, and planning and implementation of development programs, exacerbated economic inequities and fostered regional envy. In response to these circumstances, the post-New Order government enacted two laws: Law No. 22 of 1999 on Regional Government and Law No. 25 of 1999 on Financial Balance between the Central and Regional Governments. The law controls the decentralization of the authority to manage regional resources and the ability to finance regional government services. As a result, regional authority was reintroduced.

Regional Autonomy has breathed new life into the regional administration of North Aceh, especially now that it is backed by the Aceh Special Autonomy Law No. 18 of 2001. Until the separation, northern Aceh was governed by a single regional authority, the North Aceh Regency. North Aceh Regency has been divided into three regional governments since 2002, namely two districts (North Aceh and Bireun) and one city (Lhokseumawe City).

For Aceh, the Special Autonomy Fund is in principle part of asymmetric decentralization policy that only known after the enactment of Law 18 2001 concerning Special Autonomy for

Special Region of Aceh as a Province Nanggroe Aceh Darussalam. After Aceh, in the same year Papua also received Special Autonomy status through the 21 Years Act 2001 (Suharyo, 2018). Important underlined that the Autonomy Fund Special only given to some province based on status specificity of the area. Aceh alone is one of the areas with special and special status at the same time that gets the Special Autonomy Fund in besides Papua and West Papua which only special status. DOKA this is the middle way that starts widely accepted. Previously, concept This Special Autonomy Fund gets resistance from the Aceh Movement group Merdeka (GAM) who wants to separate themselves from the Republic of Indonesia (NKRI) (Suharyo, 2018).

From ancient times to the present day, health has become a basic issue that requires the state government's attention. The World Health Organization's (WHO) constitution, adopted in 1948, states that "Health is a fundamental human right," which includes a commitment to heal the sick and sustain the healthy. This statement underpins the notion that health is a fundamental human right and that investing in one's health is a wise investment. Health services play a critical role in enhancing the community's health status. Health services can be implemented in a variety of ways. These efforts are targeted and deliberate, for example, health services for the underprivileged (Azwar, 1996).

Aceh has not maximized autonomy implementation, particularly in the social sector. Many issues remain with health and education services. Indeed, it is well established that health and education are prerequisites for submitting bids for special autonomy fund programs and activities. Article 6 of Qanun No. 4 of 2010 requires the Aceh government to allocate a minimum of 10% (ten percent) of the APBA budget to the health sector, excluding salaries. The Aceh government and district/city administrations are also required to provide and maintain health service facilities under Qanun No. 4 of 2010.

Aceh Central Statistics Agency (BPS Aceh) in early January 2020 issued report showing during the period from 2016 to 2019, number and percentage of poor people in Aceh fluctuates (BPS Aceh, 2019). The data shows that poverty is still a problem major for Aceh. According to Heru Cahyono (2016), there are two basic problems that underlie DOKA mismanagement, namely pertaining to economics and political. In the economic field, funds special autonomy is not managed with good so as to make prosperity Acehnese people in general do not underwent improvement. Ironically, welfare improvement is only enjoyed by a few close people with power to give rise to phenomenon of new rich people there. One of the reasons in this economic field because DOKA tends to be directed to increase the popularity of the governor who really intend to go back in governor election. The best example comes up is about the project Aceh Health Insurance (JKA), construction of two flyover bridges in Banda Aceh, and the renovation of the Grand Mosque Baiturrahman.

According to the author's observations, North Aceh is one of the locations where health issues are important to resolve. It is located in the five locations of Aceh with the worst death rates in recent years. As a result, the people of North Aceh, led by one of the NGOs, Flower Aceh, advocated for a Qanun-based policy. The lack of health statistics on these many diseases is a question of basic health care that the Regional Government must address. Ironically, while no

statistics on disease were discovered, treatment that differentiated social strata was also discovered in the practice of daily services. There was a tug of war over hospital management, and the Lhokseumawe City government has been unable to compensate the North Aceh Regional Government for ownership until recently. If special autonomy is implemented to empower local governments in the era of autonomy, bureaucratic reform is expected to promote the delivery of excellent health care services. To provide excellent services to the community, many systematic and comprehensive efforts relating to health sector technical developments and improved disease treatment must be made. To serve the community satisfactorily, it is necessary to improve excellent service (Aisyah, 2019).

Not only that, the results of interviews with informants revealed that the fundamental issue facing health service efforts as part of regional autonomy policies is the distribution and affordability of health services, that health service facilities and infrastructure do not meet the needs of the people of North Aceh, and that health costs are disproportionately allocated to curative rather than promotive and preventive efforts. The government budget for this special regional autonomy has not been equitable in terms of health initiatives, and the regional administration's priority scale for providing health services has been off goal.

Even Law No.11 of 2006 on the Aceh Government (UU PA). Aceh Province retains its specificity under the PA Law due to the concept of asymmetric decentralization while remaining within the framework of the Unitary State of the Republic of Indonesia's national government system (NKRI). Where it is mentioned in the regulation that providing Aceh special autonomy entails not only the granting of rights, but also constitutional obligations targeted at the Acehnese's welfare.

Thus, the author wishes to determine the appropriate measurement instrument as a predictor for the establishment of special autonomy variables necessary for the successful implementation of health services for the people of North Aceh. To be successful, an adequate measuring instrument must meet certain criteria, including construct truth, validity, and reliability. This validity test is relevant to the group being measured since it will either be specific to that group or will be applicable to other groups with similar conditions and characteristics (Suryabrata, 1984) Confirmatory factor analysis is the thorough testing model used in this study to determine the construct validity. This analysis employs a structural equation model, which is constructed simply by connecting item scores to the overall score for the test kits that were tested first (Ferdinan, 2006)

Research Purposes

The purpose of this study is to determine the construct validity of the Special Autonomy variable in North Aceh using a confirmatory factor analysis test. The benefit is that we will know for certain which factors are capable of validly and reliably establishing special autonomy in North Aceh, which will enable us to contribute to the development of strategies that support the successful implementation of special autonomy for health services in North Aceh.

Research question

The study question is: What factors may be used to construct and measure special autonomy variables in the provision of health services in North Aceh.

Hypotheses

All the factors developed in this study have been shown to be capable of predicting, constructing, and validly estimating special autonomy in North Aceh. Indeed, it has been statistically demonstrated to have a considerable favorable effect on the achievement of special autonomy in North Aceh's health services.

THEORY

Regional Autonomy and Special Autonomy

The essence of regional autonomy is decentralization, or the process of democratizing government through direct participation of community members, so that even though we use a representative institution approach as personification, we frequently democratize the running of government during the transition period, when the community's condition is still hindered by several obstacles such as low education and a low quality of life. The area is densely populated by the political elite's interests alone. As a result, regional autonomy policy is related to democratic values manifestation.

The democratic principles are then applied to the implementation of regional autonomy. Providing regional autonomy does not just mean implementing democracy at the grass-roots level; it also means encouraging activities to carry out their own activities deemed necessary for the local environment. With the development of roots democracy, people can not only determine their own future through community empowerment, but the main goal should be to enhance their own destiny. This can be accomplished by delegating extensive authority to local governments to regulate, manage, and develop their regions in ways that are consistent with the region's interests and possibilities (Kaloh, 2007).

Regional autonomy is an alternative solution to the problem of development gaps, particularly when it comes to empowering local administrations, which have historically been viewed as an extension of the central government. This concept dates all the way back to the Old Order, specifically through Law No. 1 of 1945 on Regional Government. During the New Order government, the central government was less committed to executing the regional autonomy policies enacted in 1974, namely Law No. 5. The law did not provide adequate support for local government or regional development. Local governments are not independent since the central government controls all government authorities and functions. Local governments are merely the implementers of central government policies (Sari, 2010)

Validity test

Validity testing is performed by comparing the score of each item to the total score using the product-moment correlation technique. If the correlation r is less than the values in the r table with a significance level of $\geq 5\%$, the question item is invalid. I conduct a validity check on

each construct item that represents a variable in superior product development. In general, the validity test cannot be utilized on all measurement tools. Because a valid size on a test applies only to a specific measure for a single destination, the valid argument should be avoided, as there is a presumption that validity is not accurate. Validity is a term that refers to the assessment's description, which includes the degree of empirical evidence as well as the theory of action's adequacy and suitability, as well as the conclusions made based on the test score obtained and the other evaluation model (Susongko, 2010)

Methods

This is a quantitative descriptive study conducted in North Aceh using a survey approach. The population used is the people of North Aceh, with a total population of 602,554 people between the ages of 17 and 55. The Solving technique was used to choose a sample of 397.56 respondents, and 400 respondents were used to meet the Confirmatory Factor Analysis (CFA) method of Structural Equation Modeling (SEM). Technique of random sampling. Primary and secondary data were used in this study. Questionnaires, interviews, surveys, and literature reviews were used to collect data on the implementation of special regional autonomy for health services in North Aceh. Confirmatory Factor Analysis (CFA) factor analysis, Structural Equation Modeling (SEM) method, and AMOS are used to test construct validity.

Data of Respondents

The respondents in this study can be classified according to the following categories of information determined by the author and summarized for a period of 12 months:

a. Sex

Table 1: Sex of Respondents

No	Sex	Total (People)	Percentage (%)
1	Male	170	42,5
2	Female	230	57,5
Total		400	100

Source: Processed data (2021)

According to the gender of the respondents, more women were perceived to have more frequent complaints or feelings of satisfaction with health services in North Aceh.

b. Education

Table 2. Education of Respondents

No	Level of Education	Total (People)	Percentage (%)
1	Elementary school	35	8,75
2	Junior High school	62	15,5
3	Senior High School	92	23
4	Associate degree 1	0	0
5	Associate degree 2	0	0
4	Associate degree 3	80	20
5	Bachelor degree	131	32,75
6	Postgraduate degree	0	0
7	Doctoral degree	0	0
Jumlah		400	100

Source : Processed data (2021)

As can be seen, most respondents are samples with the latest education bachelor in North Aceh, but they are also dominated by people with high school and junior high school education, indicating that the people of North Aceh continue to have an uneven level of education, as there are still many who have less than a bachelor's degree. This condition may also be included as an indicator of North Aceh's attainment of special autonomy in areas such as health services and education.

c. Occupation

Table 3:Occupation of Respondents

No.	Occupation	Total (people)	Percentage (%)
1	Civil Servant	67	16,75
2	Private sector employee	97	24,25
3	Housewife	47	11,75
4	Student/student	10	2,5
5	Businessman	93	23,25
6	Farmer	57	14,25
7	Other	29	7,25
Total		400	100

Source : Processed data (2021)

This data suggests that individuals who make significant use of public service facilities are private employees and entrepreneurs; this group urgently requires high-quality facilities and services from public services as a result of North Aceh's regional special autonomy policy.

d. Satisfaction with Public Services (Which Becomes Part of Regional Special Autonomy)

Table 3. Level of Satisfaction of Respondents

No.	Occupation	Total (people)	Percentage (%)
1	Satisfied	135	33,75
2	Unsatisfied	265	66,25
	Total	400	100

Source : Processed data (2021)

Table 3 contains the data. It is well known that the level of satisfaction of people of North Aceh with public services provided under the regional special autonomy policy is poor. 66.25% of respondents indicated that they were dissatisfied, while 33.75 % indicated that they were satisfied. This contentment is still in a reasonably satisfied state, which is considered capable of meeting basic citizen needs such as health and education (in the basic service level)

DATA ANALYSIS DAN HASIL

Validity Test

The following are the findings on the validity of the factors that contribute to the implementation of special autonomy in public services in North Aceh:

Table 4: Special Autonomy Validity Test Results

Items	r-count	Sig-2 tailed	Note
X1.1	0,873	0.000	Valid
X1.2	0,762	0.000	Valid
X1.3	0,982	0.000	Valid
X1.4	0,812	0.000	Valid
X1.5	0,872	0.000	Valid
X1.6	0,762	0.000	Valid
X1.7	0,912	0.000	Valid
X1.8	0,826	0.000	Valid
X1.9	0,739	0.000	Valid
X1.10	0,735	0.000	Valid
X1.11	0,882	0.000	Valid
X1.12	0,873	0.000	Valid
X1.13	0,739	0.000	Valid
X1.14	0,776	0.000	Valid
X1.15	0,754	0.000	Valid
X1.16	0,674	0.000	Valid
X1.17	0,835	0.000	Valid
X1.18	0,812	0.000	Valid
X1.19	0,982	0.000	Valid
X1.20	0,812	0.000	Valid

Source : Processed data (2021)

The entire Special Autonomy variable's items are certified valid due to the Sig-2 tailed value of 0.05, and then all the variable's questions will be used in the subsequent test.

Reliability Test

The reliability test findings demonstrate that all the components that contribute to the regional special autonomy variable in North Aceh are correct and can be depended upon to accurately measure the regional special autonomy variable for the North Aceh region. According to the table, the value of Sig-2 tailed (0.000) <0.05.

Structural Equation Modelling

Structural Equation Modeling is an analytical technique that entails two processes: factor analysis and structural model measurement. This analysis was undertaken to determine the accuracy of the researcher's measurement on the test instrument and to validate the researcher's theory or definition of each relationship in the study. The structural equation model analysis is seen more appropriate for simultaneous use, and model adjustments can also be made to match the data used. Additionally, reliability can be defined concurrently with a review of each definition and indication and is comprehensive (Susongko, 2010).

Test Results of CFA (Confirmatory Factor Analysis)

This study examines the measurement instrument of the special autonomy variable for the North Aceh region that supports the implementation of public services for the people of North Aceh. This measurement comprises factors (1) vision, mission and specific goals of health services (2) rules that involve control by the community (3) there is concern for the community (4) there is good coordination of activities between health service divisions (5) is involved by the government in making rules for implementing health services (6) never being treated in a discriminatory manner (7) listening to sanctions/punishments for health workers when they do not carry out their duties (8) being given information on rights and obligations for both patients and health workers (9) issuing guidelines services that contain requirements, procedures, and time limits for completing services (10) placing the officer in charge of checking the completeness of service application requirements (11) completing service requests under the stipulated time limit (12) prohibition and elimination of fees that are not earmarked for (wild quote) (13) doing pen research on customer/patient satisfaction for the services provided (14) organize service systems and procedures actively under the demands and developments of the dynamics of society (15) attitude and work behavior of the apparatus in serving with love and respect for the community (16) the ability of the apparatus to act according to values , norms, and ethics (17) the willingness and ability of the apparatus to prioritize the public/organizational interest rather than the personal (18) the apparatus in working disciplined (19) the existence of good cooperation between the apparatus (20) the existence of motivation and given by the leadership to subordinates.

Figure 1: CFA Test for Special Autonomy for North Aceh Health Services

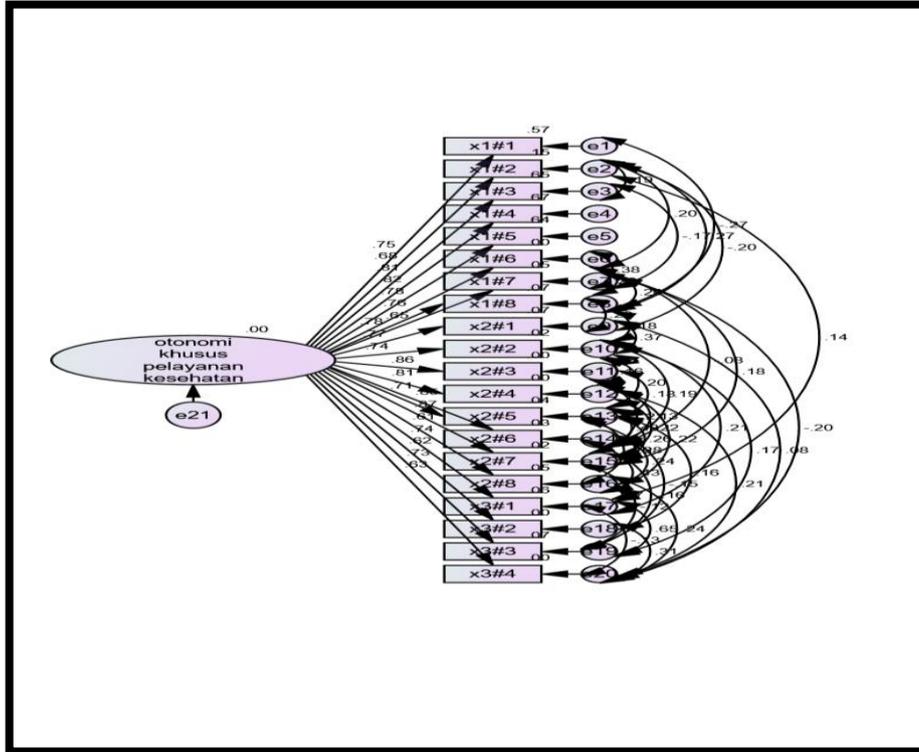


Figure 1 shows that the special autonomy variable has characteristics that can measure and build the special autonomy of the North Aceh region in supporting health services for the people of North Aceh. Nevertheless, but this approach is also considered fit in creating regional particular autonomy variables in the implementation of public health services. The suitability of the fit model with the Goodness of Fit Model Index in Table 5:

Table 5: Goodness of Fit Index

Goodness Of Fit Index	Cut-Off Value	Results Analysis	Evaluation Model
χ^2 - Chi-square	expected to be small	52,345	Fit
probability	≥ 0.05	0,025	Fit
RMSEA	≤ 0.08	0,050	Fit
GFI	≥ 0.90	0,955	Fit
AGFI	≥ 0.90	0,920	Fit
TLI	≥ 0.90	0,955	Fit
CFI	≥ 0.90	0,972	Fit

Source: Processed data (2021)

The data in Table 5 demonstrate that the regional special autonomy model for health services in North Aceh uses the appropriate measurement instrument, as demonstrated by the goodness

of fit index's suitability. All factors become the appropriate measuring instruments, allowing the model to be pronounced fit, implying that the factors mentioned can assess the special autonomy variable for health services in North Aceh.

The instrument testing was then followed by a significance test on each association between the factors that developed into the predictor instrument and the special autonomy variable. The following regression weight test results demonstrate this significance relationship:

Table 3: Result of Regression Weight Test for Leading Commodity Development

No.	Variable Relationship	Estimated Value	P	Result
1	X1.1 → Y	0,752	0,000	significant
2	X1.2 → Y	0,684	0,045	significant
3	X1.3 → Y	0,816	0,000	significant
4	X1.4 → Y	0,826	0,001	significant
5	X1.5 → Y	0,788	0,023	significant
6	X1.6 → Y	0,760	0,003	significant
7	X1.7 → Y	0,680	0,000	significant
8	X1.8 → Y	0,783	0,000	significant
9	X1.9 → Y	0,771	0,000	significant
10	X1.10 → Y	0,747	0,001	significant
11	X1.11 → Y	0,860	0,034	significant
12	X1.12 → Y	0,811	0,002	significant
13	X1.13 → Y	0,710	0,000	significant
14	X1.14 → Y	0,858	0,000	significant
15	X1.15 → Y	0,870	0,000	significant
16	X1.16 → Y	0,614	0,000	significant
17	X1.17 → Y	0,741	0,035	significant
18	X1.18 → Y	0,826	0,012	significant
19	X1.19 → Y	0,735	0,000	significant
20	X1.20 → Y	0,637	0,000	significant

Source: Processed data (2021)

The data in Table 3 demonstrate that the 20 factors that contribute to the development and measurement of special autonomy for health services in North Aceh have reasonable estimation values and have been shown to have a significant effect on facilitating the successful implementation of special autonomy for health services in North Aceh.

All factors that become the measuring instrument for special autonomy supporting in the implementation of health services have been demonstrated to have construct validity by meeting the factor loading value requirements.

DISCUSSION

North Aceh Regency has been divided into three regional governments since 2002, namely two districts (North Aceh and Bireun) and one city (Lhokseumawe City). North Aceh is rapidly developing. In 1986, the Government of the Republic of Indonesia Regulation Number 32 of 1986 established the Kotif (Administrative City) of Lhokseumawe, which controls five sub-

districts. And, having regard to Minister of Home Affairs Decree 136.21-526 dated June 24, 1988, establishing a working area for the Assistant Regent of Pidie and the Assistant Regent of North Aceh in the Province of the Special Region of Aceh, the Assistant Regent of North Aceh was formed in Lhoksukon, such that North Aceh Regency currently consists of two Assistant Regent, one administrative city, and 26 sub-districts, including 23 existing sub-district

North Aceh Regency was subsequently divided into 30 sub-districts in 1999, based to the PP of the Republic of Indonesia Number 44 of 1999, by adding four new sub-districts. North Aceh was forced to give up about a third of its area to form a new district, namely Bireuen Regency, according to Law number 48 of 1999. Its jurisdiction extends to the former Assistant District Head's region in Bireuen.

Then, in October 2001, three sub-districts in North Aceh were renamed Lhokseumawe City: Banda Sakti District, Muara Dua District, and Blang Mangat District. North Aceh Regency currently has an area of 3,296.86 kilometers square and has a population of 602,554 people. It is divided into 27 sub-districts.

For nearly 19 years following special autonomy, researchers discovered numerous public complaints concerning the Regional Government's public services. Number of studies has discovered low growth rates; poverty reduction is also regarded to be declining, as is the pace of per capita growth. According to the Institute for Development of Acehese Society's (IDeAS) results, 17 of Aceh Province's 23 districts and cities had increasing poverty rates. North Aceh Regency ranks ninth in terms of poverty, with a rate of 19.78 percent. Additionally, IDeAS recommended that the government should prioritize economic empowerment and poverty alleviation in the District Revenue and Expenditure Budget (APBK). (Aceh, 2019)

The central government's provision of special autonomy or jurisdiction to the Aceh Province under the concept of asymmetric decentralization intends to encompass the Aceh province in order to keep it inside the Unitary State of the Republic of Indonesia and to promote the Acehese people's welfare. However, the difficulty is that the asymmetric decentralization program may fail if the central government and the Aceh province government do not act optimally in carrying out the law's mandate.

Additionally, the poll results indicate that 66.25% of respondents from North Aceh are dissatisfied with the health services provided under the region's special autonomy policy. Respondents responded that there was no perceived difference in the quality of public services, particularly health care, received by the population before to or even following the two areas' special autonomy. North Aceh continues to suffer from a variety of health issues that must be addressed urgently. These issues include, but are not limited to, the existence of a sizable case of malnutrition, 54 cases (regional kompas, 2020.)

Another issue identified by the authors as a result of their observations is that there is still treatment that differentiates social strata, which is evident in the delivery of daily services. They prioritize the upper class (elite), although there is no such thing as elite or a poor in terms of health, because everyone requires excellent health. There are still conflicts within the

administration of the Cut Meutia Regional Hospital (before the division of the region, the Cut Meutia Regional General Hospital was a hospital that was absolutely managed by the Regional Government of North Aceh Regency). Following regional growth (regional split), the hospital is now territorially located within the Lhokseumawe City authority. As a result of the tug of war for hospital management, the Lhokseumawe City government has been unable to compensate the North Aceh Regional Government for ownership. Local government appears to be less receptive to public service concerns.

Hayes, Mann, Morgan, and Kelly investigate collaboration between community health and government entities to promote public health (Hayes, Mann, Morgan, J., & Weightman, 2012) The finding of the study shows that there are some beneficial aspects, even if they are not reflected in the total findings. This is owing to the additional expense required to establish a collaborative partnership. Collaborative partnerships seek to promote the health of local communities on both a qualitative and quantitative level. Collaborative partnerships track outcomes, ideally beginning well in advance of any action or intervention by parties not directly involved in achieving this aim. Collaborations take paradigm shifts in service delivery into account, assessing and analyzing whether services can be delivered as envisioned and are performing appropriately.

Additionally, there are access issues that are sometimes viewed or assessed subjectively, as the community's perspective varies according to the conditions encountered or felt by the respondent, necessitating the use of a comprehensive perspective from two distinct perspectives during the process of improvement or evaluation (Higgs, Z.R., Bayne, T., & Murphy, 2001; Leach, M.J., Wiese, M., Agnew, T., & Thakkar, 2018). In line with research in India, it concluded that geographical variation is one of the physical conditions that affect the level of family expenditure to access health services (Mohanty, S.mK., Kim, R., Khan, P.K., & Subramanian, 2018) The same findings were observed in Mongolia's and many other nations' health care systems, as well as differences in the status of rural-urban areas, which were found to affect people's access to available health care facilities (Chiang, C.-L., Chen, P.-C., Huang, L.-Y., Kuo, P.-H., Tung, Y.-C., Liu, C.-C., & Chen, 2016; Dorjdagva, J., Batbaatar, E., Svensson, M., Dorjsuren, B., Batmunkh, B., & Kauhanen, 2017; Wen, P.-C., Lee, C. B., Chang, Y.-H., Ku, L.-J. E., & Li, 2017) Public perceptions of variations in distance to each health service which also have an impact on transportation costs, were also found to contribute to the selected health care facilities (Lines & Suleman, 2017; Roosihermiatie, B., Anuraga, G., Rachmawati & Sulistiono, 2017)

This obstacle is the result of the difficulties associated with implementing decentralization and regional autonomy policies that have not been fully embraced by the regions; in other words, they remain reliant on the central government for funding (budget) transfers and the implementation of regulations and policies. The financial issue is particularly reliant on the central government now, particularly in terms of funding transfers and regulatory and policy arrangements. Additionally, the central government faces financial and funding constraints, while local governments have been unable to fully leverage other sources of revenue other than the government budget.

There are still many policies and regulations developed from Law No. 23 of 2014 that have not been determined in terms of regulatory and policy frameworks. Several regulations are also indicated to conflict with one another, posing difficulties for local governments in implementing a national policy for regional public health services due to institutional, finance, and apparatus capacity constraints, as well as obstacles posed by local political dynamics, including suboptimal care provided by local governments. As a result, the residents of North Aceh have not felt the full impact of access and service quality. Whereas the existence of special autonomy should enable the regional government to fully assist them in developing their regions and administering justice to all North Aceh's people. It is even known that according to the 2020-2024 RPJMN IV, decentralization is a necessary component of regional development in order to boost economic growth and ensure basic services by balancing development plans and space use.

As a result, it is necessary to strengthen the relationship between executive and legislative activities, including increasing members of the Regional People's Representative Council's (DPRD) understanding of democratic, reform, and rule of law principles, preserving the Representative Council's equal status and role as a partner of the regional government in formulating development policies consistent with community aspirations, and implementing supervision over the regional government. Additionally, the growth of regional autonomy requires the active and democratic engagement of community institutions and organizations in decision-making processes to ensure that the development process accommodates the community's creations and aspirations. Community ambitions in terms of empowering socio-cultural aspects, including health services for the people of North Aceh Regency.

The North Aceh government needs to increase health spending with the goal of improving the community's target level of health, and this increased spending must be accompanied by the implementation of a more efficient program that reaches all levels of society, ensuring that public health conditions improve and are distributed evenly at all levels. It does not end there; the government-regulated health sector expenditures as part of the special autonomy authority benefit both individuals and the surrounding environment. It is vital to consider the composition of human capital as a component in regional development, but not the health sector, in order to create a healthy society conducive to economic growth and regional development in a country (Zhang, Chuanguo and Zhuang, 2011) As well as Semyonov, Lewin-Epstein, & Maskileyson, (2013) It is also different from the author's research because it is stated that health services are considered a fundamental component of human resources that lead to economic growth that supports regional improvement but still does not make special autonomy a policy that supports the success of regional development.

However, it's different with research (Sihombing, 2007) conducted study on decentralization and community development in the Langkat Regency of North Sumatra Province's coastal region. The study's findings indicated that the development of bureaucratic readiness has a detrimental effect on community development. The relationship between policy decentralization and apparatus readiness demonstrates the repercussions of a bureaucratic mindset that persists at the level of local government life. The community is still viewed as a

recipient object and is required to adhere to government laws. The apparatus continues to emphasize safety over performance. Whereas citizens in Asian countries such as Indonesia desire faster, better, and more affordable public services. Additionally, they call for a more effective and efficient government. Therefore, the government modifies its public administration to make it more democratic, efficient, and community-oriented (Tjiptoherijanto, 2004)

The purpose of allowing regions the maximum amount of autonomy possible is to accelerate the realization of community welfare through service improvement, empowerment, and community engagement. All regions should be granted full autonomy in order to speed the attainment of community welfare through expanded services, increased power, and increased community engagement. Additionally, it is hoped that through broad autonomy, each region will be able to increase its competitiveness by taking into account the principles of democracy, justice, equity, privileges, and characteristics, as well as the potential and diversity of each territory within the Republic of Indonesia's system.

While decentralization is supposed to increase the coverage, quality, equity, and efficiency of public services, policy goals are not determined in a linear fashion. This is highly dependent on local governments' ability to adapt to societal developments. The process of decentralization is highly contingent on the government's commitment to resolving local issues. This commitment also extends to the process of allocating existing resources, which include financial, human, and physical capital, as well as other local government-owned infrastructure. The allocation of regional resources is a critical entry point in exercising this capacity to control and manage, particularly in relation to regional development planning. Decentralization teaches that the transfer of power and authority from the central government to the regions must be accompanied by financial (fiscal) decentralization in the form of financial distribution to the regions and the empowerment of regional governments to explore their own financial sources. (Azfar, Kähkönen, Lanyi, Meagher, & Rutherford, 1999; Kurniawan, 2010)

Decentralization has become necessary in order to achieve democratization of state power administration. While decentralization is a pillar of constitutionalism, specifically the vertical/spatial division of power, decentralization/autonomy can actually complicate the implementation of government functions and tasks in general, and particularly in health issues (if not founded on an institutional virtue). Some critical challenges include regional inequities that are closely related to social problems such as hunger, malnutrition, disease outbreaks, and other health issues. As a result, the central-regional authority structure in the health sector must be clarified. This refers to who is liable for health problems and who is responsible in the event of a lawsuit alleging a violation of legal obligations. During the era of decentralization and regional autonomy, the district/city government was responsible for the management and development of the Puskesmas. Since then, Health Centre's development has been influenced by the local budgetary commitment and capacity. The most significant problem is a shortage of health human resources. Since decentralization, most regional health expenditures have gone into curative services (UKP), capital projects, and staff. Meanwhile, public health spending is quite low (Bappenas, 2018)

Following the distribution of Regional Original Revenue (PAD), North Aceh Province is handled autonomously by North Aceh Regency, which means that the North Aceh Regency Government is responsible for all government actions in all areas of regional development (including various activities) To organize, in North Aceh Province, notably the development of regional infrastructure, such as roads and bridges for health facilities such as health centers, health centers, and hospitals, as well as the development of education, which the district government of North Aceh prioritizes.

It is intended that by providing higher-quality health services, people will become more interested in accessing health care facilities such as health centers, hospitals, and others. With local governments gaining increased authority in the era of autonomy, bureaucratic reform is expected to promote the delivery of outstanding health services. To provide excellent services to the population, numerous systematic and comprehensive efforts relating to health sector technological advancements and improved disease treatment must be made. To serve the community satisfactorily, it is necessary to improve excellent service (Aisyah, 2019) Greater local government authority in an era of autonomy is expected to promote bureaucratic reform, encourage and accelerate the achievement of excellent health services. To provide excellent services to the community, many systematic and comprehensive efforts relating to health sector technological developments and improved disease treatment must be made. It is predicted that through developing excellent service in the health sector, it will be able to serve the community satisfactorily, thereby improving public health. A higher level of health indicates that the community's welfare is improving as well, indicating that regional development has been successful, particularly in North Aceh.

CONCLUSION

North Aceh's particular autonomy strongly promotes the successful implementation of health services for its people. 20 factors that have been demonstrated to be constructively valid can establish and measuring the success of North Aceh's special autonomy for health care. Collaboration and collaboration among the central government, local governments, health workers, and the community will determine and support the achievement of equitable and fair health services for all North Aceh's people.

The successful application of special autonomy in the provision of health services to the people of North Aceh is a part of the strategy for the region's development.

SUGGESTION

The author makes tactical recommendations to ensure the success of special autonomy for community health services, namely the importance of collaborative efforts to close gaps in basic services, rather than working alone without clear coordination. Additionally, monitoring and assessment are necessary (building special instruments to measure the success of regional development programs, improving basic health services and implementing special autonomy in North Aceh).

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