Research Article

Agile Governance in The Healthcare Sector Through The Kurma Manis Program in The City of Pekanbaru

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Abstract : This study aims to analyze the implementation of Agile Governance in the healthcare sector through the Kurma Manis (Healthy Community Home Visits) Program in Pekanbaru City. Agile Governance is an adaptive, collaborative, and responsive governance approach that is highly relevant in the dynamic healthcare service system. The Kurma Manis Program is a healthcare innovation that involves direct home visits to deliver preventive and promotive services. This research uses a descriptive qualitative approach with data collection techniques including in-depth interviews, observation, and documentation. The results indicate that Agile Governance principles such as cross-sector collaboration, rapid feedback, and continuous improvement have been effectively implemented in the program. However, several challenges remain, particularly in stakeholder coordination and limited human resources. The study concludes that the application of Agile Governance in the Kurma Manis Program enhances the effectiveness of public healthcare services in Pekanbaru City.

Keywords: Agile Governance, Health Governance, Kurma Manis Program, Pekanbaru City, Service Innovation.

1. Introduction

Health is one of the fundamental aspects of national development. The Government of Indonesia, through various policies and programs, continues to strive to improve access to and the quality of healthcare services for all segments of society. In the 2020–2024 National Medium-Term Development Plan (RPJMN), the government emphasizes the importance of health transformation, which includes equitable access to healthcare services, improved quality of care, and the utilization of technology in the national health system.

One of the main challenges in the healthcare sector in Indonesia is the disparity in access to services between urban and rural areas, as well as the limited healthcare resources available to optimally reach the entire population. Healthcare services are a fundamental aspect of regional development. Local governments are responsible for providing healthcare services that are high-quality, efficient, and equitable for their communities. Along with technological advancements and the growing need for fast and responsive healthcare services, various innovations have been implemented to improve service quality. One such innovation adopted in the city of Pekanbaru is the Kunjungan Rumah Masyarakat Hidup Sehat (Kurma Manis) program, also known as Doctor On Call, a telemedicine-based healthcare system that allows the public to receive medical consultations without having to visit healthcare facilities in person.

Kurma Manis is one of the programs outlined in Pekanbaru Mayor Regulation Number 103 of 2022 concerning the Implementation of Home Visit Health Services for a Healthy Living Community in Pekanbaru City. Kurma Manis (Kunjungan Rumah Masyarakat Hidup

Sehat) is a continuous and comprehensive healthcare service provided to individuals and families at their residences (Home Visits). The target recipients of the Kurma Manis health services are residents of Pekanbaru City who, due to their health conditions, are unable to access conventional healthcare services.

The Kurma Manis healthcare services are carried out by health personnel from community health centers (Puskesmas) within the Pekanbaru City area. According to Article 8, Paragraphs 1 to 3 of Mayor Regulation No. 103 of 2022, Kurma Manis services include doctor consultations, supporting medical examinations, minor medical procedures, and medication provision. These services can be delivered either at the patient's home or at a Puskesmas, accessible through the Pekanbaru City Call Center. The program aims to improve access to and the quality of public healthcare services, accelerate response times for patients, and provide direct healthcare services to those in need particularly vulnerable groups such as the elderly, persons with disabilities, and individuals with chronic illnesses requiring continuous care. By deploying medical personnel directly to people's homes, this program is expected to enhance healthcare accessibility and prevent disease complications due to delays in receiving medical attention.

The service flow of the Kurma Manis Program (Healthy Living Community Home Visits) in Pekanbaru begins when individuals in need of healthcare contact the Call Center or emergency services. Upon receiving the report, officers conduct an initial assessment by collecting essential information such as the caller's identity, the patient's complaints, and the location of the incident. Based on this assessment, if necessary, a medical team consisting of doctors, nurses, or midwives is immediately dispatched to the location to provide direct medical care. If the patient requires further treatment, the medical team will refer them to the nearest healthcare facility using an ambulance. In addition to medical services, the Kurma Manis team also provides health education and public outreach. This program operates 24 hours a day through 21 community health centers (Puskesmas) across Pekanbaru City, with the primary goal of improving access to healthcare services, particularly for underprivileged residents or those in emergency situations.

According to data from the Pekanbaru City Health Office from January 2023 to July 2024, Bukit Raya recorded the highest number of Kurma Manis service users, with a total of 32 patients, while the lowest number was recorded in Rumbai Barat District, with only 3 patients. As reported by GoRiau.com, the Head of Puskesmas in Pekanbaru was urged to take the Doctor On Call program seriously. This was conveyed by Dr. Arnaldo Eka Putra, Sp.PD, during a joint assembly at Madani Regional General Hospital (RSD Madani) on Monday, April 22, 2024. "People often call the Puskesmas, but the response is slow because the person in charge of the phone contacts the head of the Puskesmas. Sometimes at night, they hesitate to call the head. So now we have a solution: all heads of Puskesmas must take full responsibility. There is no excuse for being unavailable after 9 PM. If that's the case, you shouldn't be a Puskesmas head. You must understand that the Doctor On Call program is a 24-hour public health service. At any time, Puskesmas must be ready to serve the public. I myself handle these matters at 1 or 2 AM. So the Puskesmas heads can't just be sleeping. The response time should be 30 minutes after the call — health workers must already be on-site. No excuses. That's why we created a group chat that includes all Puskesmas heads and myself, available 24/7. If a report comes in, the head must respond. We have stated that if there are issues, sanctions or punishments will be given. We are committed to the Mayor's directive. If necessary, we will replace them," Arnaldo concluded (GoRiau.com, 2024). This report indicates that the Kurma Manis program has not yet achieved a fast response time, even though one of its main objectives is to provide prompt, responsive, and emergency healthcare services for communities in urgent need.

According to Riaumandiri.co, the Doctor On Call program has not been running optimally, despite massive outreach efforts by the Pekanbaru Health Office, as stated by Muflihun and Fira on Tuesday, April 23, 2024. "This Doctor On Call program has not been fully optimized—less than 40 percent of the community has used the service. We urge all parties to participate and make use of this service. If you're sick, please contact the nearest Puskesmas. If you're still not served, then Mr. Regional Secretary should replace the head of that Puskesmas, because this service is meant for the public," said Muflihun. "There are still residents who are reluctant or afraid when health workers arrive in an ambulance, fearing it

means their illness is more serious. We have conducted extensive socialization of this program through leaflets, banners, billboards, meetings, and cross-sector gatherings with community leaders. We've also made a video about the program and shared it on social media," added Fira (Riaumandiri.co, 2024). This aligns with feedback from the program's target community. Several active Puskesmas users interviewed by the researcher were unaware of the Kurma Manis or Doctor On Call program, even though the program is designed to maximize healthcare services for residents who are unable to directly access Puskesmas facilities.

This program is highly innovative, as it focuses on serving various segments of society as a priority not only the elderly, persons with disabilities, and others, but ideally, with a high-quality service, it is expected to reach all levels of society, not just those from lower-income groups. The sustainability of the Kurma Manis program needs to be ensured, especially considering the current advancements in digital technology, where healthcare services should be accessible anytime and anywhere, with fast and responsive access.

To address these challenges, the implementation of Agile Governance is needed as an approach to enhance the effectiveness and sustainability of home-visit-based healthcare services. Agile Governance emphasizes flexibility, rapid adaptation to change, and active collaboration between the government, medical personnel, and the community in decision-making and policy implementation. This indicates the suboptimal application of agile service governance. For example, there have been public complaints about the slow response from community health centers (Puskesmas) to emergency calls, as well as the uneven dissemination of information and outreach regarding the Kurma Manis program.

From the perspective of Agile Governance, this situation reveals an imbalance between the public's need for fast, adaptive, and collaborative services and the bureaucratic patterns that remain rigid, fragmented, and lack real-time integration. There is no evident mechanism for continuous feedback, adaptive service process iterations responsive to field dynamics, nor active stakeholder involvement in designing and improving services on an ongoing basis. This poses a challenge in realizing the principles of agile governance, namely speed, cross-functional collaboration, continuous innovation, and responsiveness in the management of public health services.

The implementation of Agile Governance in this home-visit-based health service program can also serve as a replicable model for other regions, adapted to their local characteristics and needs. The success of this program's implementation will largely depend on the extent to which local governments can adapt to existing challenges and apply data-driven, community-centered solutions. Therefore, regular evaluation and monitoring of the effectiveness of the Kurma Manis program or the Doctor on Call program are essential to ensure that these initiatives remain relevant and continue to provide real benefits to the community.

The choice of Agile Governance in this study is based on the need for a public service governance model that is more adaptive, responsive, and collaborative especially in healthcare services that demand speed and accuracy in responding to community emergencies. Traditional bureaucratic approaches often fail to keep pace with the continuously changing needs of the community, making Agile Governance relevant as it offers principles of flexibility, iteration, active participation, and rapid decision-making. By applying this approach, the study aims to examine the extent to which the governance of the Kurma Manis service can be improved through the implementation of agile values to deliver more effective and sustainable healthcare services.

2. LITERATURE REVIEW
New Public Governance (NPG)

The concept of New Public Governance (NPG) represents the latest development in governance theory. The book *New Public Governance in Public Administration* serves as a fairly clear introduction to understanding the concept of New Public Governance in a more comprehensive and detailed manner. There are five key concepts in NPG that are thoroughly explained in this book.

The first is the concept of co-production. The reality on the ground shows that relationships between actors in governance are not only difficult to build but also that actors sometimes manipulate each other. This situation gave rise to a public service provision concept known as co-production. Here, the actors are no longer only the government and private sector independently but also involve citizens. The assumption behind the co-production approach is that public services enjoyed by citizens will be of better quality when citizens especially those organized in citizen-owned organizations participate in the public service process.

The second is the concept of hybrid organizations. Government organizations are required to become resilient organizations. This is the main goal behind the concept of the 'hybrid organization.' The key to achieving this is to create organizations that are highly productive, especially productive in terms of innovation. Thus, productivity must first start with the productivity of innovative ideas, and this productivity is only possible if there is productive interaction between individuals within the organization. Ideally, every contact between individuals in the organization should be productive, especially in generating innovative ideas.

According to this concept, to realize good governance, the government must provide opportunities for every citizen to participate constructively in decision-making. The country's legal framework must be fair and applied equally to all citizens, especially concerning human rights. Moreover, all information related to government practices must be directly accessible, understandable, and monitorable by the public. The government must also be responsive to the needs of the community and deliver public services fairly and equitably. To achieve the best outcomes, policies should be formulated based on mutual agreement between the government and stakeholders. Policies must also be applied equally to all citizens because they have equal rights to improve or maintain their welfare.

Agile Governance

In various studies, Agile Governance emerges within the organizational domain and encourages people to implement agile governance to improve organizational performance and productivity processes (Luna, 2014). Agile Governance is defined as an organization's ability to quickly respond to unexpected changes in meeting the evolving demands and needs of society. Additionally, Agile Governance is also understood as the organization's capability to achieve cost efficiency while increasing the speed and accuracy in exploiting opportunities, enabling innovative and competitive actions.

Alexandre J. H. de O. Luna, Philipe Kruchten, and Hermano P. de Moura wrote an article titled *Agile Governance Theory: Conceptual Development*. Their research resulted in a conceptual framework of the Theory of Agile Governance, which includes:

1. **Good Enough Governance**, the level of governance must always be adapted to the organizational context,
2. **Business-Driven**, business considerations should be the basis for every decision and action,
3. **Human-Focused**, society must be respected and given space to participate in governance,
4. **Based on Quick Wins**, rapid successes should be celebrated and used as motivation to generate further stimulus and results,

5. **Systematic and Adaptive Approach**, teams must develop intrinsic capabilities to respond quickly and systematically to changes,

6. **Simple Design and Continuous Refinement**, teams must deliver fast results and continuously improve.

Luna, Kruchten, and Moura developed Agile Governance theory around these six principles as an approach for future research or practice in agile governance.

This aligns with the views of Klaus Schwab and David, as expressed in their book *Shaping the Future of the Fourth Industrial Revolution: A Guide to Building a Better World*, which argues that to implement agile governance, governments must apply strategic governance approaches such as (1) creating policy labs, (2) encouraging collaboration, (3) supporting crowdsourcing policies, (4) developing private regulatory ecosystems, (5) innovation principles, (6) integrating public engagement, (7) supporting the role of global organizational bodies in oversight, (8) adopting technological approaches, and (9) responding to change (Ahmad, 2023).

According to Luna in Ahmad Suprastiyo, Agile Governance is part of Dynamic Governance and Collaborative Governance, encompassing adaptive, responsive, sustainable, collaborative, and transparent capabilities. Other indicators include good enough governance, business-driven, human-focused, based on quick wins, systematic and adaptive approaches, and simple design and continuous refinement. The Agile Governance concept contrasts with Conventional Governance: Agile Governance emphasizes behavior and practice, achieving sustainability and competitiveness, transparency and public involvement, as well as intelligence, adaptability, and responsiveness. In contrast, Conventional Governance focuses more on processes and procedures, being audited and compliant, monitoring and controlling, and following plans (Luna, Kruchten, and Moura, 2015).

Program

In the context of public policy, a program is a series of decisions or actions carried out by the government to address problems faced by the community. Programs are designed as part of the political system to respond to emerging needs or demands from society. It can be understood that a program is an instrument created to solve specific public problems and represents the government's response to the needs of the community. Public policy consists of a series of government actions aimed at addressing public issues. Policy programs are the result of political decisions that respond to the needs or demands of the public (Anderson, 2014).

According to Edward in Widodo (2010), program implementation is the process of executing policies or programs from the policy level to the operational level through a series of decisions involving multiple actors and stages. They emphasize that implementation is a complex process requiring coordination and the ability to overcome various obstacles at each stage. Implementation is not merely about applying a plan but also demands coordination among parties and flexibility to handle challenges in the field. Key factors in implementation include communication, resources, the disposition of implementers, and bureaucratic structure, all of which influence the success of implementation.

Korten (1980) developed a program implementation model as a dynamic and adaptive process. This model highlights the importance of alignment between the program and its users, the implementing organization, and the target groups. It reflects that program

implementation must be adaptive to changing community needs. The model underscores the importance of organizational capacity to adapt, continuously evaluate the alignment between program goals and target group needs, ensuring the program remains relevant and effective.

Health Services

Health services are a human right, and every resident is entitled to receive optimal care according to their needs, regardless of the patient's ability to pay. The impact of health services is often irreversible, such as disability or death; therefore, providing health services to patients or the community must be prioritized. Health development in Indonesia is articulated through the *Indonesia Sehat* (Healthy Indonesia) program. The vision of *Indonesia Sehat* describes the future Indonesian society that the health development aims to achieve: a society, nation, and country characterized by citizens living in a healthy environment and exhibiting healthy behaviors, having the ability to access quality health services fairly and equitably, and achieving the highest possible degree of health throughout Indonesia.

Quality health services refer to the provision of care to patients based on quality standards to meet the needs and desires of patients, so that patients can achieve satisfaction which in turn increases their trust in the institutions responsible for providing health services. Health services are essential for the community's survival. Therefore, the health services provided to the public as patients should be the best available to create quality health care. Health services are considered good if they meet predetermined criteria. Both public and private health service systems must be based on these established standards to achieve good health services and patient satisfaction. The health service system must continuously improve the quality and standards of care to ensure the system functions effectively, such as through better health service delivery.

3.   METHODS

The research approach used by the researcher is qualitative research, which aims to evaluate the implementation of a program that has been carried out. In this case, it concerns Agile Governance in the health sector through the Kurma Manis program in Pekanbaru City. The research location is where the researcher conducts the study, primarily to capture the actual phenomena or events occurring in the object of study in order to obtain accurate research data. This research is located in Pekanbaru City. The study aims to further introduce the Doctor On Call program, as stated in the Mayor's Regulation Number 103 of 2022 concerning the Implementation of Home Visit Health Services for a Healthy Living Community in Pekanbaru City, which has been implemented by the relevant government authorities and must be accountable, or to assess the accountability of stakeholders in realizing the program.

Informants in this thesis research on Agile Governance in Home Visit Health Services for a Healthy Living Community (Kurma Manis) in Pekanbaru City may come from various parties who have knowledge of or are directly involved in the implementation of the program. Selecting appropriate informants will ensure the completeness of data relevant to the research objectives. Primary data were obtained through interviews, which began with several questions posed to the informants, followed by recording their responses. In this study, secondary data were obtained from the Pekanbaru City Government. These secondary data served to support the analysis and provide deeper context regarding the Kurma Manis program. The data collection techniques used in this study included observation, interviews, and documentation. Meanwhile, the data analysis techniques involved data condensation, data display, and drawing conclusions.

4. RESULTS

The implementation of *Agile Governance* in the *Kurma Manis* home-visit healthcare program in Pekanbaru has shown positive progress in directly reaching the community. The program, based on Mayor Regulation No. 103 of 2022, aims to provide fast, adaptive, and responsive healthcare services. A healthcare worker interviewed said:

".....We feel that the Kurma Manis program is very helpful, especially for the elderly and patients who are unable to visit the clinic. But we also need more support in terms of resources and logistics to reach more households....." (Interview with Public Health Center Officer A, May 5, 2025)

The program demonstrates collaboration between medical personnel, local government, and citizens. *Agile Governance* values such as flexibility and iteration are evident through regular evaluations and service adjustments based on field needs. However, several challenges remain. One of the main issues is the shortage of human resources and digital infrastructure. A representative from the Pekanbaru Health Office stated:

".....We are still lacking medical personnel to cover all areas, especially on the city outskirts. Moreover, our reporting system isn't fully digital yet, which slows down coordination and data sharing....." (Interview with Pekanbaru Health Office Official, May 6, 2025)

Community participation also remains limited, particularly in providing formal feedback. A structured mechanism is needed to collect feedback and assess service outcomes effectively. Cross-institutional coordination and involvement of private sectors or NGOs are still lacking. Therefore, strengthening institutional capacity, improving digital integration, and expanding stakeholder involvement are essential to ensure the *Kurma Manis* program remains sustainable and serves as a replicable model of *Agile Governance* in healthcare delivery.

Discussion

The implementation of *Agile Governance* in the healthcare sector through the Kurma Manis program in the City of Pekanbaru demonstrates an adaptive, responsive, and collaborative model of public service delivery. This home-visit healthcare service program targets vulnerable groups, including the elderly and individuals with limited mobility. The principles of Agile Governance evident in this initiative include flexibility in execution, iterative policy adjustments based on field evaluations, rapid decision-making, and active involvement of stakeholders. Kurma Manis stands as a prime example of how local governments can adopt agile approaches to design public services that are closer to community needs. The involvement of health workers, local government apparatus, and even citizens in providing feedback illustrates a practical implementation of multi-actor collaboration in healthcare governance.

However, the program faces several challenges in its execution. One of the main obstacles is the limited number of healthcare workers, which hinders timely service delivery across all urban and suburban areas. Additionally, the digital infrastructure for data recording and reporting is not yet fully integrated, causing delays in coordination and decision-making processes. Public participation also remains suboptimal, due to a lack of effective two-way communication channels, leaving many residents unaware of the program's existence or procedures. Furthermore, collaboration between government institutions, the private sector, and civil society organizations remains minimal, although such partnerships could significantly enhance service outreach. Lastly, the lack of sufficient training for field officers in risk management and emergency handling limits the responsiveness and sustainability of the

service. Therefore, strengthening institutional capacity, enhancing human resources, integrating digital systems, and fostering greater citizen participation are crucial steps in advancing the implementation of Agile Governance in the healthcare sector through the Kurma Manis program in Pekanbaru.

5. CONCLUSION

Based on the research findings, it can be concluded that the implementation of Agile Governance through the Kurma Manis program in Pekanbaru City reflects a genuine effort by the local government to provide more adaptive, responsive, and collaborative healthcare services. The program successfully reaches vulnerable groups through home visits, embodying agile governance principles such as flexibility, participation, and swift decision-making. Kurma Manis demonstrates that collaboration among health workers, local administrators, and the community can enhance the effectiveness of public service delivery.

However, the program still faces several complex challenges, including a shortage of healthcare personnel, suboptimal digital infrastructure, and low public awareness. Moreover, cross-sectoral coordination needs to be strengthened to expand service coverage and improve efficiency. Therefore, institutional reinforcement, human resource capacity development, and integrated information systems are essential strategies to enhance the implementation of Agile Governance in the healthcare sector.

6.　LIMITATION

This study has several limitations that should be acknowledged. First, the data collected are primarily qualitative and rely on interviews with a limited number of key informants, which may introduce a degree of subjectivity in the findings. Second, the research was geographically limited to Pekanbaru City, making it difficult to generalize the results to other regions with different characteristics. Third, time constraints and limited access to secondary data such as internal government reports or formally documented program evaluations restricted the depth of analysis. Additionally, the fast-evolving nature of health policy can impact the long-term relevance of the study's findings. Therefore, further research using quantitative approaches or comparative studies across regions is recommended to strengthen and broaden the understanding of Agile Governance implementation in the healthcare sector

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