

**ANALYSIS OF THE IMPLEMENTATION OF E-TENDER PRE-DIPA  
PROCUREMENT OF GOODS/SERVICES AT THE GENERAL BUREAU OF THE  
SECRETARIAT GENERAL OF THE MINISTRY OF HEALTH**

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**ABSTRACT**

This study aims to determine the Implementation of the Pre-DIPA e-tender for Procurement of Goods/Services at the General Bureau of the Secretariat General of the Ministry of Health so that it is hoped that appropriate steps can be formulated in implementing the Pre-DIPA e-tender, problems and efforts made by Presidential Regulation Number 16 of 2018 concerning Government Procurement of Goods/Services. The research method used in this research is quantitative research. The sampling technique uses data sources from 5 informants. Data collection techniques in this study used observation, interview, and documentation techniques. This research procedure includes the stages before in the field, while in the field, and data analysis. Data analysis was carried out by collecting data, reducing data, presenting data, and drawing conclusions. Based on the results of the research, leadership factors, quality of human resources, planning and management, policies and regulations, system integration, and infrastructure and standardization it can be concluded that the implementation of the e-tender pre-DIPA Procurement of Goods/Services at the General Bureau has been going quite well, there are still problems with server down due to frequent maintenance or updating of the system from LKPP. The suggestion is to communicate more intensively with LKPP to reduce server disturbances.

**Keyword:** E-Procurement; E-Tender; Pre-DIP



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**INTRODUCTION**

The need for implementation-based governance *Governance* At present it is one of the demands of the public to get fast, cheap, and quality services. Because so far the services provided by the government are still considered unable to fully satisfy the public. This public dissatisfaction can be seen based on the data released by the research conducted by the Partnership in the form of the Indonesia Governance Index (IGI) which was released in 2012. Based on the results of this study it can be seen that the quality of government administration in Indonesia is still relatively low. 13).

One form of innovation based governance *Governance* which is almost entirely through the use of information and communication technology (IT) is in the process of procuring government goods and services or known as procurement. Policy implementation *Procurement* in Indonesia began in 2006 marked by Electronic Procurement Services (LPSE) developed by the Development Center for Procurement of Goods/Services - Bappenas in 2006 according to Presidential Instruction number 5 of 2004 concerning the Acceleration of Corruption Eradication (Nurlukman, 2017). Bute-

*Procurement* in the form of a new government program started in 2008 with the creation of INAPROC, which is a *systeme-Procurement* nationally, to obtain and provide goods and services electronically.

According to (Novitaningrum, 2014), procurement is an activity to obtain goods or services in a transparent, effective, and efficient manner to the needs and desires of its users. *E-procurement* can be interpreted as a website-based application for the procurement of goods and services (Arsyad et al., 2016). In this e-procurement application, the entire auction process is raised, starting from the announcement, bidding, and selection, to the announcement of the auction winners online via the LPSE website (Khairina, 2022). *E-Procurement* The public sector has similarities with the private system (Andriana, 2021). Firstly, it tries to find the goods/services needed at low prices and acceptable, in other words, the specifications and quality are acceptable to the public. The National Procurement Agency is the Agency responsible for Operations *E-Procurement* namely the Public Procurement Policy Institute (LKPP) is an institution responsible for the procurement of public goods/services, Study (Benitha, 2019).

The implementation of electronic procurement of goods/services at the Ministry of Health has been running since 2010 with the issuance of Minister of Health Regulation Number 462/Menkes/Per/IV/2010 concerning Electronic Procurement of Goods/Services within the Ministry of Health. Whereas the General Bureau in 2011 had just implemented the procurement of goods/services electronically by the Regulation of the Minister of Health of the Republic of Indonesia Number 1893/Menkes/Per/IX/2011 Concerning the Service Unit for Procurement of Goods/Services within the Ministry of Health where in the regulation has decided the ULP Main Unit for the Secretariat General and Inspectorate General domiciled in the General Bureau.

Packages of goods/ services providers in the Procurement of Goods/Services within the Ministry of Health can be seen as follows:

**Table 1. Ministry of Health RUP recapitulation**

No.	Facing	Provider		Selfmanage		Provider In Self-Management	
		Package	PAGU (Millions)	Package	PAGU (Millions)	Package	PAGU (Millions)
1.	2017	12.184	15.997.418	4541	3.219.351	1213	132.143
2.	2018	13.055	17.618.659	4904	2.295.292	1178	141.636
3.	2019	15.055	16.392.911	5152	745.810	2304	108.182

4.	2020	15.308	20.799.644	3733	2.392.481	1211	82.123
5.	2021	15.580	62.099.748	2142	1.703.363	788	109.407

*Source: National*

From the table above it can be seen:

1. Package providers which are business entities/individuals that provide jobs/goods/services within the Ministry of Health will increase the number of packages by 1.8% in 2021 and the budget ceiling is 198% in 2021.
2. Self-managed packages where goods/services procurement activities are planned, implemented, and supervised by the government agency responsible for the budget, other government agencies, or by community groups have decreased by 42.6% in the number of packages and 28.8% in the total budget in 2021.
3. Providers in self-management experienced a 34.9% decrease in the number of packages but an increase of 33.2% in the number of budgets in 2021.

From the recapitulation data of the Ministry of Health's RUP in Table I.1 Recapitulation of the Ministry of Health's RUP where there are packages for goods/service providers within the General Bureau Work Unit, it can be seen as follows:

**Table 2. Recapitulation of RUP General Bureau of Secretariat General of the Ministry of Health**

No.	Facing	Provider		Selfmanage		Provider In Self-Management	
		Package	PAGU (Millions)	Package	PAGU (Millions)	Package	PAGU (Millions)
1.	2017	84	32.893	259	30.205	5	2.256
2.	2018	103	67.991	740	55.048	7	2.357
3.	2019	133	59.728	324	20.220	0	0
4.	2020	112	59.593	0	0	0	0
5.	2021	79	60.833	0	0	0	0

*Source: National Package Recap (lkpp.go.id)*

Based on the data above, provider packages have decreased by 29.5% in the number of packages, but even though the number of packages has decreased, the budget ceiling has increased by 2.1% in 2021 indicating a phenomenon surrounding the procurement of goods/services.

From Table I.2 Recapitulation of the RUP General Bureau of the General Secretariat of the Ministry of Health can be broken down as follows:

**Table 3. Ministry of Health Secretariat General Bureau Provider Package**

No.	Facing	Tender	Direct Appointment	Direct Procurement	Epurc Hasing	Number Of Provider Packages
1.	2017	17 Packages	1 Package	16 Packages	50 Packages	84 Package
2.	2018	28 Packages	9 Packages	34 Packages	32 Packages	103 Package
3.	2019	15 Packages	11 Packages	79 Packages	28 Packages	133 Package
4.	2020	12 Packages	15 Packages	65 Packages	20 Packages	112 Package
5.	2021	10 Packages	10 Packages	50 Packages	9 Packages	79 Package

*Source: <https://sirup.lkpp.go.id/sirup/ro/penyedia/kldi/K9>*

The phenomenon of a decrease in the number of provider packages from 112 packages to 79 packages in 2021 is partly due to the ongoing Covid-19 pandemic which has caused delays in procurement packages. While the work package carried out pre-DIPA, among others, can be seen in the following table:

**Table 4. List of Pre-DIPA E-Tenders at the General Bureau**

No.	Package Name	A Lot Tender/Re-Tender					HPS				
		2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
1.	Procurement of Building Management Cleaning Services	1	1	1	2	1	7 M	8,5 M	0,7 M	3,7 M	2,9 M
2.	Procurement of Building Management Landscaping Services	1	2	1	1	1	1,6 M	2,4 M	2,7 M	3,1 M	3,4 M
3.	Support Services for Services	1	1	1	4	1	3,2 M	3,8 M	5,4 M	4,9 M	5,9 M
4.	Security Services	2	1	2	1	1	5,9 M	8 M	10 M	2,7 M	5,9 M
5.	Maintenance and Maintenance of Mechanical Electrical	2	1	2	1	3	1,1 M	972,5 Jt	1 M	1,1 M	1,1 M
6.	Maintenance and Maintenance of System Equipment Air Conditioner	5	3	3	2	1	707,5 Jt	1,4 M	818 Jt	818,4 Jt	797,4 Jt

*Source: [lpse.kemkes.go.id/eproc4](https://lpse.kemkes.go.id/eproc4)*

An important figure in government procurement of goods/services is the Commitment Making Officer (PPK). Heni Marlina in the doctrinal law journal Vol. 5 Number 2 of 2020 Commitment Making Officials, hereinafter abbreviated as PPK, are officials who are authorized by the Budget User/Budget User Authority to make decisions and/or take actions that may result in the expenditure of the state budget/regional budget.

In general, the appointment of a PPK is made after the DPA for goods/services procurement activities is approved/validated. If a pre-DPA tender is held, then the question arises as to who is the appointed PPK to carry out preparatory activities for the selection of goods/services providers such as carrying out packaging reviews, compiling job specifications, and compiling HPS? The implementation of the pre-DPA tender cannot be carried out if the PPK has not been appointed for the activity for which there is an allocation for procurement of goods/services (Eko Hery Winarno, Volume 28 of 2017). In the General Bureau Work Unit of the General Secretariat of the Ministry of Health, several appointments have been made for Commitment Making Officers (PPK), as shown in the following data:

**Table 5. Commitment Making Officer in the General Bureau**

No.	Facing	Total PPK	No SK KPA	Date
1.	2017	5 PPK	HK.02.04/4/252/2016	December 29, 2016
2.	2018	6 PPK	HK.02.03/4/93/2017	December 21, 2017
3.	2019	6 PPK	HK.02.03/4/123/2018	December 14, 2018
4.	2020	6 PPK	HK.02.03/4/705/2019	25 November 2019
5.	2021	6 PPK	HK.02.03/4/499/2020	30 November 2020

*Source: General Secretariat General Bureau of the Ministry of Health*

Based on the background above, as well as pre-research observations and interviews, problems were identified that occurred in the process of implementing e-tender pre-dipa procurement of goods/services through *Procurement* at the General Bureau as follows:

1. It was discovered that several pre-dipa work/procurement packages had failed to tender and caused delays in signing contracts. Based on observations made by researchers, it was found that work/procurement packages that must be available or work must be carried out as of January 1, 2021, include: Building Management Services Cleanliness, Landscaping Service Building Management, Management Building Support Services, Building Management Services Security, Procurement of

Supporting Buildings; Maintenance and Air Conditioning System Maintenance, and Procurement Supporting Building; Maintenance and Mechanical Maintenance Electrical (Maintenance of Electrical Installations of the Ministry Building Health).

2. Delay in submitting pre-dipa procurement documents to the Procurement Services Unit to immediately announce the tender implementation which must have been announced at least 2 (two) months before the contract (November) considering that the provider selection process takes 1 (one) month and anticipates a failed tender until a re-tender is conducted.
3. The Ministry of Finance has not published the Budget Implementation Entry List (DIPA) because it is still in the stage of reviewing budget allocations at the Directorate General of Budget (DJA).
4. The delay charging Plan General Procurement (RUP) as a condition for tenders because it is constrained by the unpublished Budget Implementation Entry List (DIPA)/Activity Operational Instructions (POK). The stage for filling out the General Procurement Plan (RUP) must upload DIPA/POK.
5. There is no PA/KPA Decree (SK) for the appointment of a Commitment-Making Officer (PPK) for the following year's activities.
6. Time is limited in the preparation of procurement documents such as Self-Estimated Prices (HPS), technical specifications, Terms of Reference (KAK), and others that must be prepared in September - October considering the planned tender in November.
7. To determine personnel costs such as wages, BPJS, and others require standard provincial minimum wage costs, while local government regulations regarding provincial minimum wages were only issued in December.
8. The bid price of the goods/services provider or the tender winner is too low from the Self-Estimated Price (HPS) which results in reduced quality of goods/services.
9. Limited time from determining the winner to signing the contract to select qualified employees according to the qualifications required in the tender.

The purpose of this study is to analyze the implementation of the E-Tender Pre-DIPA for the procurement of goods/services at the General Bureau of the Secretariat General of the Ministry of Health from 2020 to 2021, obstacles and efforts made by the Ministry of Health to overcome existing obstacles.

Sutedi, (2016) states-procurement is an auction system in the procurement of government goods/services by utilizing internet-based technology, information, and communication so that it can take place effectively, efficiently, openly, and accountably.

*Applicatione-procurement* Of the public sector adopted from the application-procurement in business. Majdalawieh & Bateman (dalam Arvidsson & Kojic, 2017) the increasing pressure of business competition has pushed companies to adopt procurement as a strategy to reduce costs and increase profits. Based on BMN Management and Procurement of the Ministry of Finance, objectives-Procurement to create transparency, efficiency, and effectiveness as well as accountability in the procurement of goods/services through electronic media between Working Groups and Service Providers. While benefits-*Procurement* among others:

- a Reducing physical contact that can pose a KKN risk both between Providers and between Providers and PPK/Pokja;
- b Making the process of interaction between users and service providers, as well as the community easier and faster;
- c Save procurement operational costs both from the working group and provider side;
- d Improve control over various deviations

In activities of *E-Procurement*, there are methods of implementation as mentioned by Willem (in Rolas et al., 2019), namely: 1) e-Tendering is a procedure for selecting suppliers that are carried out openly and can be followed by all suppliers registered in the electronic procurement system. 2) e-Bidding is the implementation of the procurement of goods and services by submitting information and/or procurement data from goods and services providers, starting from the announcement to the announcement of the results of the procurement, carried out through electronic media, including using internet media, intranets and/or electronic data interchange (EDI). 3) e-Catalogue is an electronic information system that contains lists, types, technical specifications, and prices of certain goods from various providers of goods and services. 4) e-Purchasing is a procedure for purchasing goods and services through the e-Catalogue facility.

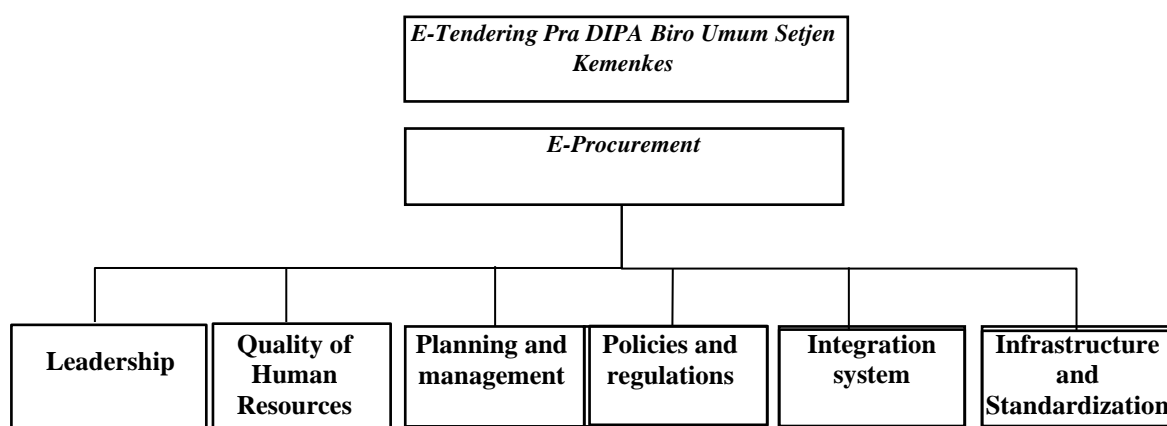
The results of research conducted which were conducted in several regions in Indonesia, six factors can influence the implementation of e-Procurement, namely 1. Leadership (a. The government has a good public procurement vision and goals, b. There is a vision consultation mechanism with stakeholders, c. Vision and goals that can be published, d. The government has a public procurement master plan, e. The government has a special independent public procurement, f. Clear policies on e-procurement such as governance, budget, human resources, standard operating procedures, and technology, g. The government tries to involve the private sector and the community in the procurement process); 2. Quality of Human Resources (a. Officials are dealing with procurement human

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resources, b. There is a clear policy on procurement certification, c. Procurement education and training, d. Public procurement education and training for suppliers, e. Career development for procurement officials, f. The willingness of government officials to be procurement officers); 3. Planning and management (a. Local government has a clear and visionary procurement plan, b. Procurement plan related to the e-Government plan, c. Follows international e-procurement standards, d. The procurement unit monitors the daily procurement process, e. Clear standard operating procedures, f. Implementation of disciplined procurement procedures, g. Accountable and open decision-making processes, h. Procurement timelines according to regulations), 4. Policies and regulations (a. Strong and coherent government policies regarding the public, b. Specific and independent procurement agencies, c. Procurement policies for small and medium enterprises, d. Competitiveness of the procurement process, e. Local government policies regarding units' permanent procurement, f. Procurement process cycle, g. The procurement unit must share information about the procurement process and its output, h. Accountability policy processes are in place, i. Compliance with laws and regulations in response to technological changes and environmental changes); 5. System integration (a. Stability and availability of the e-procurement system, b. Feedback system in e-procurement, c. Training for private suppliers, d. A good monitoring system, e. Good monitoring system on the procurement process, f. Web-based system, g. Online system of regulations and procurement procedures); 6. Infrastructure and standardization (a. Availability of ICT, b. Accessibility of suppliers, c. Bandwidth capacity, d. Availability of software and hardware human resources, e. Good and clear e-Procurement standards, f. Well-implemented standards, g. Availability of security systems in e-procurement, h. An increasing number of suppliers of goods and services, i. No discrimination based on locality).

These six factors significantly influence the effectiveness and efficiency of the implementation of public e-procurement. Based on the factors that influence it in achieving effectiveness and efficiency, the purpose of implementation-Procurement in the government sector is an effort to reform the service process of the procurement of goods and services from the government. In this case, the change in the implementation of government procurement of goods and services which was previously traditional and then replaced by utilizing ICT is a form of government innovation (Uyarra & Flanagan, 2010). Because basically, the government is a public agent whose role is to encourage and sustain innovation to improve economic development (Pinto, 2014).





**Figure 1. Innovation to improve economic development**

*Source: Nurmandi and Sunhyuk (2015)*

## **RESEARCH METHODS**

The research approach used in this study is qualitative. Qualitative research is a stand-alone field of inquiry. Qualitative research looks at it holistically (whole) or more broadly. In this study, the authors interacted with the facts studied by extracting data based on the actual conditions under study and from the views of the informants in the form of detailed information about the existing conditions, so that the selected informants and the authors formed an interpretation that would create a concept into a finding, and it was hoped that there would be development of a concept that had been prepared previously. The purpose of a qualitative descriptive approach is to find out and analyze the implementation of the Pre Dipa e-tender at the General Bureau of the Secretariat General of the Ministry of Health based on the opinions/perceptions of parties directly related to the procurement of goods/services seen from the application of the principles of procurement of goods/services based on Presidential Regulation of the Republic of Indonesia Number 16 of 2018 concerning Government Procurement of Goods/Services.

The type of research used in this research is descriptive research which is research that gives a clearer picture of social situations. The author uses a descriptive type of research in this study which aims to describe and develop in detail the Pradipa e-tender procurement process by procurement principles. The data collection technique used consisted of interviews conducted in a semi-structured manner, which included the use of an interview guide that contained a list of questions, but the researcher could carry out probing outside the interview guide Widiyarni, 2005 (in Zid et al., 2020). The interviewer conducted interviews with informants by meeting directly with informants and conducting interviews regarding the implementation of the E-Tender Pradipa Procurement of

Goods/Services at the General Bureau of the Secretariat General of the Ministry of Health in 2020.

Data collection was carried out through direct communication with informants Commitment Making Officials (PPK) in the Work Unit of the General Bureau of the General Secretariat of the Ministry of Health, Analyst of Data and Information/Electronic Procurement Services (LPSE) of the Ministry of Health Bureau of Procurement of Goods and Services General Secretariat of the Ministry of Health, Manager of Procurement of Goods/Procurement Services Young Expert Service/Selection working group (pokmil) of the Bureau of Procurement of Goods and Services Secretariat General of the Ministry of Health and Goods and Services Providers. The interview technique used is in-depth interviews through a semi-structured approach to find out the process of government procurement of goods/services using an electronic procurement system (e-Procurement). The second is observation, in this case, the author collects data based on the results of direct observation at locations at the General Bureau of the Secretariat General of the Ministry of Health and the Bureau of Procurement of Goods and Services General Secretariat of the Ministry of Health. The observation used in this study is participant observation, the researcher is directly involved with the program to be studied, such as directly checking the condition of existing facilities such as work rooms, meeting rooms, computers, and internet networks so that the data obtained is more complete.

The third is a documentation study. Determining informants in this study uses purposive sampling (determination of sampling with a specific purpose). The informants in this study include:

**Table 6. Determining informants in this study uses purposive sampling**

No.	Name	Department	Information
1.	Muhamad Edwin Arafat, S.Kom, MM	Head of the Household Section of the General Secretariat General Bureau of the Ministry of Health	Mr. Muhamad Edwin Arafat, S.Kom, MM is an important figure in the process of procuring goods/services because as PPK he exercises the authority of the General Bureau's Budget User Authority (KPA) to take actions that result in the expenditure of the state budget at the expense of the Bureau's DIPA In general, one of the activities is the pre-dip e-tender.

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2.	Ahmad Taufik	Data and Information Analyst /Electronic Procurement Service (LPSE) Ministry of Health	Mr. Achmad Taufik as LPSE Admin became a resource person regarding information on processes in electronic procurement.
3.	Tri Wahyudi, ST	Goods/Services Procurement Manager Young Expert/Selection working group (nod))	Mr. Tri Wahyudi, ST was the source of information related to the e-tender process at LPSE because he was one of the heads of the pre-dipa e-tender pokmil General Bureau
4.	Mr. Wahidin Septa Zahran, SE., M.Si	STIAMI academics	He is a linear public administration study program with a public studies program
5.	Ivan Herman	Director of PT. Senka Mighty Megautama	Chosen as an informant because he is a leader at PT. Sendika Perkasa Megautama as the winner General Bureau pre-dipa tender.

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The data analysis technique uses the interactive method proposed by Miles and Huberman (2014) which consists of several stages described in the figure. The results of direct interviews with informants were carried out using a semi-structured approach. The observation in the form of participant observation, researchers are directly involved with all the programs to be studied starting from environmental conditions to the procurement process so that the data obtained is more complete and sharp. Furthermore, data collection was carried out by collecting all documents in the form of images and files related to the E-Tender Pre DIPA Procurement of Goods and Services. Then, an analysis of all data was carried out by looking at its relation to the context of the problem, and data analysis activities namely through Data Reduction, Data Presentation, and Drawing Conclusions/Verification.

## **RESULTS AND DISCUSSION**

In the implementation of the procurement of goods and services in the pre-DIPA e-tender of the General Bureau of the Secretariat General of the Ministry of Health, the leadership factor used is a bureaucratic leadership style where each employee follows every procedure flow that has been regulated in an order Standard *Operating Procedure* (SOP) SOP Number: OT.02.02/3/1189/2019 dated 24 May 2019.

Based on data from the Bureau of Finance and BMN Certain Functional Positions Procurement of goods/services in Main Units within the Ministry of Health can be seen in the following table:

**Table 7. Composition of Certain Functional Positions Procurement of Goods/Services in the Main Unit of the Ministry of Health**

No.	Main Units	Total Hr	Gender	
			L	P
1.	Health Research and Development Agency	5	4	1
2.	Agency for Development and Empowerment of Resources Health Man	22	14	8
3.	Directorate General of Pharmaceuticals and Medical Devices	3	3	0
4.	Directorate General of Public Health	2	1	1
5.	Directorate General of Prevention and Control Illness	14	5	9
6.	Directorate General of Health Services	71	35	36
7.	Secretariat General	7	6	1
<b>TOTAL</b>		<b>124</b>	<b>68</b>	<b>56</b>

*Source: Finance and BMN*

Based on the table above, it is known that the number of Specific Functional Positions for the Procurement of Goods/Services in the Main Unit of the Ministry of Health is 124 people with a composition of 55% male and 45% female. 17 people outside the Secretariat General have joined the Bureau of Procurement of Goods and Services of the Secretariat General so the composition of positions in the Bureau of Procurement of Goods and Services can be seen in the table below:

**Table 8. Composition of Positions in the Bureau of Procurement of Goods and Services**

No.	Department	Total HR
1.	Head of Goods/Services Procurement Bureau	1
2.	Head of General Administration Subdivision	1
3.	Secretary	1
4.	Archivist / Archival Institution	2
5.	State Property Policy Analyst / State Property Analyst	1
6.	APBN Financial Management Analyst Young Expert	1
7.	Data and Information Analyst	3
8.	Data Analyst (Data and Information Analyst)	4
9.	Data Manager	4
10.	Planner / Compiler of Budget Programs and Reporting	1
11.	State Property Manager	1
12.	Goods/Services Procurement Manager / Planner for Procurement of Facilities and Infrastructure	7
13.	Manager of Procurement of Goods/Services Associate Expert	3
14.	Manager of Goods/Services Procurement Young Expert	15

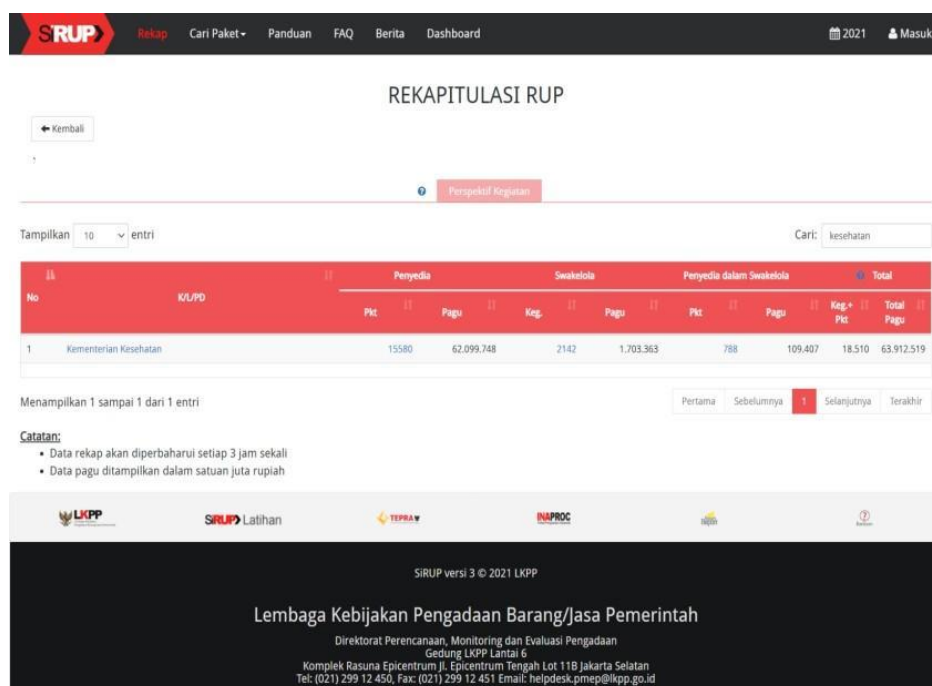
15.	Goods/Services Procurement Manager First Expert	10
16.	Not PNS	8
<b>TOTAL</b>		<b>63</b>

Source: Bureau of Procurement of Goods and Services

Procurement of goods/services at the General Bureau of the Secretariat General of the Ministry of Health aims to obtain goods/services with the following criteria: right price, right (according) quality, right quantity (volume), the right provider and method of procurement, as well as an agreement/agreement so that users can utilize the goods/services in question. The following are the stages of procurement of goods/services at the General Bureau:

1) Procurement Planning

The Procurement General Plan (RUP) as a condition for conducting e-tenders requires a List of Budget Implementation Entries (DIPA)/Activity Operational Instructions (POK) which must be uploaded in the SIRUP application.



**Figure 2. Recapitulation of the RUP of the Ministry of Health for the 2021 Fiscal Year**

Source: *sykup.lkpp.go.id*

Based on the figure above, shows that the Ministry of Health will have 15,580 provider packages in 2021, according to Presidential Regulation Number 12 of 2021 concerning Amendments to Presidential Regulation Number 16 of 2018 concerning Procurement of Goods/Services.

For the e-tender package for the General Secretariat General Bureau of the Ministry of Health's Pre-DIPA, the RUP must be announced before the DIPA is determined.

**Paket Penyedia**

**Ditipi Paket**

Kode RUP	26336999																				
Nama Paket	Manajemen Building Jasa Kebersihan																				
Nama KLPD	Kementerian Kesehatan																				
Satuan Kerja	BIRD UMUM																				
Tahun Anggaran	2021																				
Lokasi Pekerjaan	<table border="1"> <thead> <tr> <th>No.</th> <th>Provinsi</th> <th>Kabupaten/Kota</th> <th>Detail Lokasi</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>DKI Jakarta</td> <td>Jakarta Selatan (Kotak)</td> <td>Jalan H.R. Rasuna Said Blok G-2 Kavling 04 Jakarta 12950</td> </tr> </tbody> </table>			No.	Provinsi	Kabupaten/Kota	Detail Lokasi	1.	DKI Jakarta	Jakarta Selatan (Kotak)	Jalan H.R. Rasuna Said Blok G-2 Kavling 04 Jakarta 12950										
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Voluma Pekerjaan	1 Paket																				
Urutan Pekerjaan	Terlampir di KAK																				
Spesifikasi Pekerjaan	Terlampir di KAK																				
Produk Dalam Regerasi	<input checked="" type="checkbox"/>																				
Usaha Kecil/Kooperasi	<input type="checkbox"/>																				
Alasan Bukan Usaha Kecil/Kooperasi																					
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**Figure 3. RUP Pre-DIPA General Bureau Secretariat General of the Ministry of Health**  
 Source: syrup.lkpp.go.id

As shown above, the General Bureau Pre-DIPA RUP based on the Republic of Indonesia Government Goods/Services Procurement Policy Institute Regulation Number 11 of 2021 concerning Guidelines for Planning Government Procurement of Goods/Services, that planning for Government Procurement of Goods/Services includes a. Identification of procurement of goods/services; b. Determination of the Type of Goods/Services; c. Procurement method d. packaging; e. Goods/Services Utilization Time; and f. Procurement Budget.

2) Procurement preparation

Procurement preparations can be carried out after the RKA-K/L is approved by the DPR. For the procurement of goods/services whose contract implementation must begin at the beginning of the fiscal year, preparations for procurement and/or selection of Providers can be carried out after the determination of the Ministry's Budget Ceiling by statutory provisions.

The need for procurement preparation and the selection process before approval of RKA-K/L by the DPR, the selection of providers can be carried out as long as PA approval is obtained and the contract is non-binding and the follow-up is as follows:

- a) The official authorized to sign the Contract, hereinafter referred to as the Contract Signing Officer, enters into an agreement or signs the Contract with the Provider after the DIPA is ratified.
- b) If the budget ceiling available in the RKA-K/L is approved by the DPR is less than the winner's corrected price offer, the selection process can be continued by conducting technical and price negotiations.
- c) If the activity is not available in the DIPA/DPA then the results of the election/election process must be cancelled.

3) Election preparation

Preparation for the selection of Providers by the Selection Working Group is carried out after the Selection Working Group receives a request for the selection of Providers from PPK attached with documents for the preparation of procurement of goods/services through Providers submitted by PPK to the Head of the Bureau of Procurement of Goods and Services.

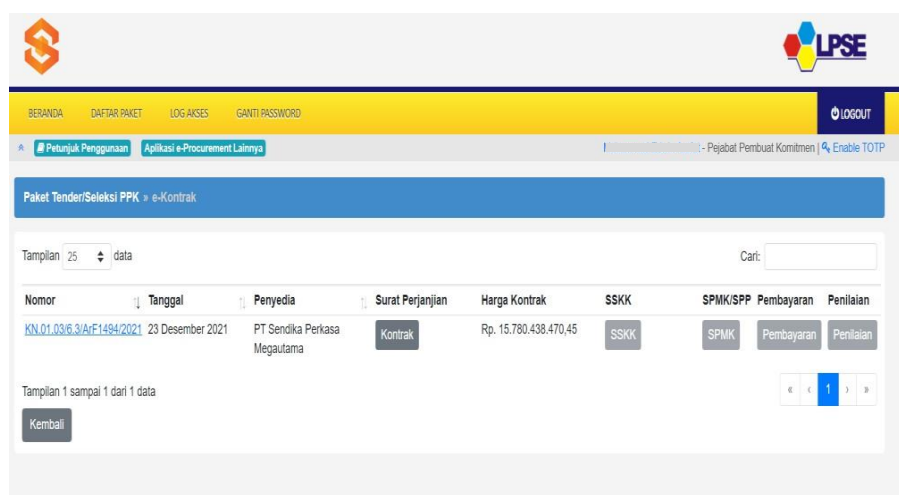
The Selection Working Group conducts election preparations through Providers including a. Review of procurement preparation documents; b. Determination of the provider selection method; c. Determination of the Qualification method; d. Determination of Provider requirements; e. Determination of bid evaluation methods; f. Determination method of submission of bidding documents; g. Preparation and determination of the election schedule; and h. Preparation of Election Documents.

4) Election implementation

The selection of providers is carried out by the selection working group, including tenders/selection, quick tenders, and direct appointments as well as limited tenders.

5) Contract execution

The written agreement between the Commitment Making Officer (PPK) and the Provider is carried out by the parties by the provisions contained in the Contract and statutory regulations. PPK is required to fill out the e-contract a maximum of 30 calendar days after the contract signing ends (for fast tenders after uploading the bid documents). If the e-contract data is not completed, the PPK cannot create a new package. Here is one of the General Bureau e-contracts.



**Picture 4. Ministry of Health Secretariat General Bureau E-Contract**

Quality goods/services providers are providers of goods/services that can provide goods or services by the wishes of the assignor. Product quality and good service performance will greatly affect the satisfaction of the assignor. Goods/Services provider offerings that are reasonable can maintain product quality such as superior durability, operational and repair efficiency, and other valued components.

6) Handover of work results

After the work is completed by the provisions contained in the Contract, the Provider submits a written request to the Contract Signing Officer for the delivery of the work. Based on the acquisition of data from direct observations, interviews, and documentation about how the pre-DIPA e-tender at the General Bureau of the Secretariat General of the Ministry of Health can be described and presented in the discussion of the research results as follows:

**1. Implementation of E-Tender Pre DIPA for the procurement of goods/services at the General Bureau of the Secretariat General of the Ministry of Health from 2020 to 2021.**



a Leadership

Leadership is an activity of influencing other people so that people want to work together (collaborate and collaborate their potential) to achieve the goals that have been set.

Leadership is an important and main thing in the progress of a group, organization, or nation and country, it is from the leader that a group, organization, or nation will see the direction, dynamics, and progress it produces because a leader is someone who gives instructions to subordinates so they can understand what to do.

Leadership in the implementation of the General Bureau's Pre-DIPA e-tender uses a bureaucratic leadership style where every employee follows every procedure flow that has been arranged in an order standard *Operating Procedure* (SOUP). PDCA Application (*plan-do-check-act*) to improve organizational performance is also very important, the neutrality of the leadership is the key to the success of the pre-DIPA e-tender.

In the implementation of pre-DIPA e-tenders, the leadership as a spokesperson, direction setter, coach, and change agent needs to be optimized by increasing knowledge about activity management.

b Quality of Human Resources

Hasibuan, "Human resources are the science and art that regulate the relationships and roles of the workforce so that they can effectively and efficiently help achieve company, employee, and community goals" (in Kenedi et al., 2022)

Human Resources (HR) have an important role in an organization, both government organizations, industry, private education, and so on. Human resources are also an enforcement factor and determine the course of an organization/company in achieving success or goals. If the human resources in the organization/company are managed optimally, employees/employees will feel satisfied so that the organization will be able to run its wheels optimally.

Certified HR Managers for Procurement of Goods/Services are needed in the implementation of pre-DIPA e-tenders, where the functional position has duties and functions related to goods/services procurement services starting from procurement planning, provider selection, contract management, and asset information management based on expertise and skills.

The composition of the position of Goods/Services Procurement Manager, first, young and middle experts in the Goods and Services Procurement Bureau,

which is an election working group team (pokmil) of 28 people with the scope of work of e-tender for the procurement of goods/services within the Ministry of Health, can still be added by transferring a Specific Functional Position for Procurement of Goods/Services in the Main Unit to the Bureau of Procurement of Goods and Services.

c Planning and management

"Management is the process of planning, organizing, directing, and supervising the efforts of members of the organization and the use of other organizational resources to achieve organizational goals that have been set" (Handoko et al., 2012). Management and planning are carried out to organize and manage various sources to achieve the desired goals effectively and efficiently.

The suitability of the e-tender procurement planning and management process for the General Bureau's pre-DIPA e-tender based on Presidential Regulation Number 16 of 2018 concerning Government Procurement of Goods/Services, Government procurement of goods/services, hereinafter referred to as the procurement of goods/services, is the procurement of goods/services by Ministries/Institutions/Regional Work Units (K/L/SKPD) financed by the State Budget (APBN)/Regional Expenditure Budget (APBD) whose process starts from identification of needs to the handover of the work.

Planning and management of the procurement of goods/services for pre-DIPA e-tenders from planning to handover are guided by Presidential Decree 16 of 2018. Obstacles in the previous year must also be evaluated so that they do not happen again, such as results or outputs that are not to the plan.

d Policies and Regulations

According to (Marzali, 2012), Policy is a blueprint for actions that direct and influence the behavior of the people affected by the decision. Policies and regulations related to the procurement of goods/services are another important variable that influences the success of e-procurement implementation. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2020 concerning the Strategic Plan of the Ministry of Health for 2020-2024, the target of the Development of Management of Administration of Finance and State Property is the implementation of procurement of goods/services of the Ministry of Health in an effective, efficient and accountable manner according to regulations.

The indicator for achieving this target is the percentage of realization of the implementation of goods/services procurement of 98%, to achieve the Program Target (*Outcome*)/Activity Target (*Output*) the Ministry of Health formed a Bureau of Procurement of Goods and Services, so that the process of procurement of goods/services within the Ministry of Health is centralized. "For anyone who takes on duties at the Bureau of Procurement of Goods and Services, there are 8 signs that must be known, namely not to conspire with providers of goods and services, not to receive kickbacks, not to commit bribes, not to receive gratuities, no conflicts of interest, no cheating, no malicious intent, and not allowing corruption to occur," said KPK Chairman Firli who was present as a resource person at the Coordination Meeting for the Implementation of Centralized Goods/Services Procurement within the Ministry of Health at the Ministry of Health Building, Jakarta, Monday (17 /1). The advantages of centralized procurement of goods/services include: reducing price disparities of similar goods/services; more controlled use of accounts; supervision of procurement implementation is easier because it is centralized in UKPBJ; managers of the procurement of goods/services become more independent. The policy for the procurement of goods/services has been regulated in Presidential Regulation Number 12 of 2021 concerning Amendments to Presidential Regulation Number 16 of 2018 concerning Government Procurement of Goods/Services. This regulation is also supported by several regulations and directives from the Ministry of Health and LKPP in the process of procuring goods/services

e System integration

"The system is a group of elements - elements that are integrated with the same goal to achieve goals. So the system is a network or a group of elements that are interconnected with one another to carry out an activity and achieve certain goals "(Handoko et al., 2012).

The provision of a comprehensive system that integrates systems with complex online databases is very important, synergy and collaboration in integrating systems and databases for procurement of goods/services, both application systems for planning, implementing, and reporting procurement of goods/services can produce extraordinary efficiency in planning, implementing and reporting on procurement of goods/services. At the Ministry of Health, system integration is still waiting for the Ministry of Finance, Ministry of

Communication and Informatics, and LKPP to act *Central Transformation Office* performs system integration.

f Infrastructure and standardization

Standardization originates from the word standard which means a unit of measurement for comparison of quality, quantity, value, and works or products. Thus, the notion of standardization is the process of establishing technical standards, standard specifications, standard test methods, standard definitions, standard procedures (or practices), and so on.

The provision of infrastructure and standardization of electronic procurement services within the Ministry of Health is located at the Data and Information Center of the Secretariat General of the Ministry of Health. Data Center Operators in providing services use standards that pay attention to aspects a. health; b. human safety; c. Physique; d. electricity; e. mechanic; f. energy management; and g. management of activity continuity.

Internet services at the Ministry of Health are used by all employees to support the implementation of daily operational tasks, also to facilitate Ministry of Health website services, electronic mail (email), several website-based applications, web hosting sub-domains, and also to facilitate the SIKNAS network that serves the Department of Health. Provincial Health, District/City health office, vertical UPT, and other health units. Service access internet used by the Ministry of Health at this time is connected internet access through 2 main lines with a ratio of 1:1 (downstream/upstream) and can be distributed to 3 other Ministry of Health office locations as needed via metro ethernet connection.

Apart from that, to carry out the data center backup function, Pusdatin uses an ethernet/IP transit service with a different path from the main route. Internet service consists of wired and wireless. To connect the Provincial Health Office, District/City Health Office, Vertical UPT, regional hospitals, and others, the Data and Information Center uses a VPN (virtual private network) service which is one of the technologies that supports the Wide Area Network.

1. Obstacles in the Pre DIPA E-Tender procurement process. In every process, there are bound to be obstacles or obstacles to be faced. The obstacles encountered were server downtime and system updates, limited time, and supporting data in the preparation of procurement documents, which made the General Bureau's pre-

DIPA e-tender process less effective.

2. Efforts made by the Ministry of Health to overcome existing obstacles are by making maximum efforts, making RUPs manually, making cost and price analyses based on supporting data that can be accounted for, coordinating with LPSE administrators, and reminding participants regarding the deadline for submitting bids.

## **CONCLUSION**

Based on the results of the researchers and discussion of the problem, it can be concluded that the implementation of the e-tender pre-DIPA General Bureau of the Secretariat General of the Ministry of Health:

1. The implementation of the pre-DIPA e-tender for the procurement of goods/services at the General Bureau of the Secretariat General of the Ministry of Health from 2020 to 2021, in general, is still going quite well. The leadership variable used is the bureaucratic leadership style, all of which are regulated in a *Standard Operating Procedure* (SOUP). The variable quality of human resources with the number of positions managing the procurement of goods/services experts first, junior, and middle in the Bureau of Procurement of Goods and Services which is a team of election working groups (Pokmil) of 28 people can still be added by transferring from the Main Unit, then for planning and management variables in its implementation are guided by Presidential Regulation Number 16 of 2018 concerning Government Procurement of Goods/Services whose process starts from identification of needs, up to the handover of work results. For policy and regulatory variables, the Ministry of Health centralizes procurement of goods/services by establishing a Bureau of Procurement of Goods and Services. The system integration of the Ministry of Health relies on the Ministry of Finance, the Ministry of Communication and Informatics, and LKPP as central *Transformation Offices*, while the infrastructure variable and standardization of electronic procurement services are at the Data and Information Center of the Secretariat General of the Ministry of Health, which has been going quite well.
2. Obstacles in the Pre DIPA E-Tender procurement process, namely server downtime and system updates, limited time, and supporting data in preparing procurement documents.
3. Efforts were made by the Ministry of Health to overcome existing obstacles, namely

making maximum efforts by making RUPs manually, making cost and price analyses, coordinating with LPSE administrators, and reminding participants regarding the deadline for submitting bids.

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