

Research article

Hybrid Government: Mixed and Hybrid Models of Public Service Delivery in Disadvantaged, Foremost and Outermost Regions

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Abstract.

The realization of public services can be hampered by a lack of resources owned by local governments. In such cases, multi-actor governance or hybrid government has been identified as a critical alternative to improve governance solutions. Hybrid government is difficult to assess. In the market economy, hybrids play a role. We find that, depending on the hybrid government model, providing alternative services in the lagged, frontier and outermost areas can result in an increase or decrease in public services in terms of distribution, procedure and legality. This research examined different types of health services, including the Covid-19 vaccine, mass circumcision, cleft lip correction, and services for stunting. The three types of justice considered were: (1) distributive justice; (2) procedural justice; and (3) recognition justice. According to the findings, the implications of health-care policy for hybrid governments are: 1) transparent decision-making regarding the distribution of costs and benefits; 2) maintain public trust; and 3) use of experts combined with local community mutual assistance to identify the current and future environment.

Keywords: hybrid government, public-private partnerships, hybrid delivery, public service

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1. INTRODUCTION

Existing literature on service delivery has focused primarily on traditional manufacturing or purchasing options. In other words, the government decides to provide public goods and services either directly to government officials or through contracts with other organizations. This study has significant results. The factors that explain why local governments, in some cases, produce and buy goods elsewhere have been carefully analyzed, and a large amount of empirical evidence is available in the literature [1] Personal service reduces transportation costs [2]

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Privatization of local services has resulted in hybridization. While there are important examples of successful service contracts, contracts with private producers do not consistently deliver the results that governments expect. Studies have identified several potential explanatory factors for hybrids. Variable Transaction Costs in Direct Service Provision and Privatization Management[3]–[5] Service Volatility in Contracts and Direct Use. Delivery [6]–[8] high switching costs, spatial differences in private supplier markets [9], [10] and reduced competition over time for some goods and services[2], [11], [12]. Studies of service delivery options have focused on two ideal options, pure public and pure private, which do not necessarily reflect actual service delivery practices in different contexts with different levels of government. In practice, there are alternatives to complete privatization or direct service provision and other local service reforms [2].

Several primary forms of communication are based on the duality of pure public communication and pure private communication. *Hybrid transport* is an important alternative widely used in Indonesia on the public and private levels. Mixed production in Indonesia. At the market level, local governments mix supply through private contracts and state production for the same service. There are several explanations for the steadily increasing use of hybrid services. Hybrid delivery can create competition between public and private providers in local markets and enable a better understanding of the nature and cost of service delivery, thereby lowering transaction costs and ensuring the government's ability to be responsible for delivering the service in the event of a breach of contract [13], [14].

Hybrid Delivery has also been linked to a slower rollback in privatization and higher new contracts. Hybrid deleveraging enables local governments to compare costs and production processes compete in the local service markets through competitive offers between the public and private sectors. Competition [9], [15] The provision of hybrid services can also reduce the cost of switching between all-public and all-private modes of transport[16]

This study aims to develop this knowledge base to guide research in new directions to better understand the creation, function and effectiveness of the different forms of service provision that combine public, private and non-profit resources. ... Mixed forms include: Mixed types of organizations (SOEs, SOEs, public-private and public-private = non-profit partnerships), mixed contracts (with other private, non-profit or government organizations) and inter-departmental co-production or intergovernmental level. We focus on hybrid organizational forms and hybrid public and private contracts. The purpose of this study is to use research findings in different contexts to improve our collective understanding of the different aspects of different forms of service delivery.

We are particularly interested in examining the factors that lead to the provision of different forms of services by discussing each type of capital provides an overview of the key findings: (1) fairness of distribution; (2) procedural fairness; (3) Fairness of accreditation.

1.1. LITERATURE REVIEW

A. Delivery Hybrid Public Service

Hybrid public service delivery is not as expected in the border, remote, and under-developed (3T) areas as urban areas. The other two forms of organization are more common in many urban areas of Indonesia. There is a mixture of public and state-owned enterprises. Joint ownership of public-private enterprises is an essential form of production in developed countries [17] The property is divided between the government and private partners in a hybrid organization. Private Partners are usually large organizations with solid positions in the service delivery market and are usually responsible for day-to-day operational management. On the other hand, while the government may have a controlling or minority stake, the government engages in long-term contracts with private partners through joint ventures, combining government objectives with profit maximization work.

In national organizations, the state exercises complete control over the services organizations. SOEs are also subject to private commercial law. For this reason, managerial autonomy is much more significant, and in particular, managers are more flexible concerning essential factors such as organizational performance and procurement resources [18], [19]

In addition to public and private metering, there are other necessary forms of business organizations such as long-distance or long-distance collaboration and delivery services by non-profit organizations. It has grown in community governance [20], especially in Indonesia's major cities. This is considered an alternative to integration [5] They are less than optimal. Higher levels provide an incentive or legal framework for cooperation, and cooperation between local governments is voluntary rather than mandatory [21]. The potential of service sharing as an alternative to reforming the governance of metropolitan areas was considered half a century ago Ostrom, Tiebout, & Warren, (2009), when they suggested that small towns could use provisions special to act together to provide services when the city limits were less than optimal. While the top-level government provides incentives or a legal framework for cooperation, cooperation between local governments is voluntary and not compulsory. [23]–[25]. Collaboration

is an essential means of overcoming transaction costs and an important alternative in non-competitive markets [2], [9]

B. Contributions on delivery hybrid and hybrid models

In addition to the pure public and private governance models written by Daniel Albalade, Germa Bel, and Xavier Fageda, she was influential in this study examining the motivations that influence the level of private participation in the healthcare sector in the 3T domain. Strategies to go beyond the conflict between the pure form of service provision (public or private): partial privatization of public services through a hybrid (a hybrid of public and private enterprises)

This study uses data from two 3T domains to estimate multivariate equations using a generalized linear model with partial response variables. Given that private and public partners share a shared understanding of the association, this analysis considers several characteristics of health care services (type of service, quantity, scope of work, service attributes) and financial and political factors as explanatory variables. The hybrid model of public-private management. This study analyzes that the degree of medical privatization appears to be a pragmatic choice of the government. The ideology used by the government is irrelevant as it relates to the economic interests of private or public investors, which appear to be positive and statistically significant. Hybrid health care delivery has specific characteristics, such as the size of health centers, the distance of service, competition, and type of health care, and affects private sector participation in service facilities, mainly through mixed companies or complete privatization. These characteristics influence private investor expectations or limit the state's interests due to the fear of losing control, and integrated governance models reduce private participation. This contribution confirms that hybrid and hybrid models in urban areas are more accessible to implement than 3T areas when delivered.

Hybrid and hybrid healthcare models in a hybrid logic model aim to grow scale in urban areas. Public and private donations can work together to provide a viable alternative to privatization. The new motive is to change the way public services are produced in the 3T zone. On the other hand, urban areas with more resources for market transformation and privatization have many opportunities for market transformation and privatization. Population density coefficients also contribute to this model. Public-private cooperation is determined according to the structural characteristics of local governments. As a factor-like solid public-private partnership, partnership decisions have generated little scientific interest, so governments seek partnerships rather than government proposals.

Evidence-Based Research on Procurement Decisions in Public Contracts Determinants of Hybrid Public-Private Partnerships were found to be similar to government decisions on regulatory partnerships. The earliest innovators of hybrid public service delivery may have been local governments. The tendency of private partners to collaborate in the delivery of public services stems from concerns about greater administrative autonomy and continuity of application. The economic power of a municipality is an indicator of partnership. In short, the ability to attract private partners depends on the community's will. As politicians increasingly seek public-private partnerships as an alternative to public procurement, it is common for society to benefit from partnerships.

Partnership decisions for local governments and policymakers have severe implications for researchers and policymakers. Unserved urban and rural areas where private investment is slowing due to local costs (infrastructure and service development costs). Incredibly accessible 3T area. His study of the political environment shows that these differences have real economic impacts on marginalized communities. Hybrid and hybrid service delivery models can help governments maximize market complementarity between local governments and their partners. Hybrid will reduce the risk of government denial of service. However, governments need to pay attention to local authorities' differences between private market agents and other public market agents. Competition is a key driving force and correlates positively with blended supply options with partners and with complete negotiating solutions with other governments.

While private contracts require careful market management, contracts with government agencies are a way to manage risk in a low-competition environment. Large cities are more likely to offer hybrid delivery, while smaller cities are more likely to use complete contracts with other governments. Only suburban areas are more likely to use complete contracts with private agents. Hybrid may reflect the more competitive urban environment in which the suburbs are located. As citizens' interest increases, the provision of services between public and private organizations becomes more diverse. An alternative to hybrid delivery as a means for civil society organizations to enter the market with less risk. Local governments need to be modeled as a diversified enterprise where the balance between multiple goals and services is reflected in the overall portfolio of contract solutions. Administrations using private governance theory demonstrate the benefits of public sector analysis by providing a broader perspective on the nature of parallel sources.

2. METHODS

This study uses a comparative analysis of case studies and uses a grounded theory-lite approach. 3T public service is a relatively new phenomenon with blurred boundaries and a diverse and complex set of stakeholders, thus relying on the collection and analysis of structured data and opening it to identify new patterns in research data [26]

This study aims to understand and accelerate public services in the 3T domain. These interventions form the basis of our analysis of the relationship between mixed governance and socioeconomic justice, further subdivided into distributive, accredited, and procedural justice. Our analysis of several case studies consists of two main steps. Compile case study descriptions based on broad considerations of public services in 3T urban districts using predefined templates and in-depth cross-case analysis [27], [28] on general and socioeconomic definitions. Involving private actors.

A. Case Study Narrative

Four health interventions from three cities (Tarakan, Nunukan, and Sebatic) in the 3T region were selected as case studies (see Table 1 for a brief description of each case). They are drawn from a broader series of detailed case studies conducted for this study. These four cases were chosen because they represent mixed government agencies with different levels of private sector engagement in different 3T domains. Different organizations, institutions, and geographic environments are more likely to impact equity differently than mixed governments.

The qualitative data collected for the case study consisted mainly of primary documents and semi-structured interviews with key informants of public service providers. Interviews conducted in each case study were recorded and transcribed. Approximately 60 interviews were conducted (6 or 10 interviews per case study). Individually relevant informants include representatives of cities, NGOs, community groups, health care providers, health care professionals, and multinational or national private companies [29] Case studies use insights gained from field observations. Individual researchers, collaborative workshops, and mobile laboratories (field observations by research teams) are appropriate and appropriate. A single protocol for analysis to decipher coherent and comparable narratives.[30] are appropriate and appropriate. A single protocol for analysis to decipher coherent and comparable narratives.

B. Cross-case analysis

Include the following information on a case-by-case basis to establish the relationship between hybrid governance and capital impact. Explain to answer research questions.

Each type of justice is discussed below, and an overview of the main findings is provided. (2) procedural justice; (3) Recognition of justice.

Case narratives were analyzed using a combination of top-down (in a three-dimensional definition) and bottom-up coding (patterns seen in two or more cases involving hybrid governments). This process continues until no new significant themes emerge. Ensure the robustness of the intercoder. Each case discussed in author pairs at most minuscule one non-individual from the point of view of an external observer [31].

Include the following information on a case-by-case basis to establish the relationship between hybrid governance and capital impact. Explain to answer research questions. Each type of justice is discussed below, and an overview of the main findings is provided. (2) procedural justice; (3) Recognition of justice.

B. Description of case studies

The analyzed 3T healthcare practices respond to different types of mixed governance due to specific actors, motives, and methods [32] The appendix provides a detailed description and classification of each case according to the hybrid government type (market, stakeholder, and citizen). The hybrid Government indicates that our data strongly reflects hybrid governance that includes commercial and non-commercial private enterprises. Our data do not reflect the Government mixed with citizens. With this classification in mind, we analyze each case in terms of assignment, procedural, and cognitive definitions, including interdependencies (Conclusions section).

3. Findings

Using the empirical evidence from the analysis summarized in 3T, we argue that there are three significant impacts on each type of capital on the adoption of hybrid government in the context of public services in the 3T domain. Each type of definition is discussed below, and an overview of the key findings is provided.

A. Distribution justice: the impact of public health service governance in 3T areas

1. *Bigger and better programs: Use of health services in 3T areas*

First, the hybrid government is expected to create more and improve the quality of various public services. Case 1 illustrates how government and private sector engagement in COVID-19 vaccine adoption interact. It is understood that the government cannot

TABLE 1: Description of cases and their hybrid governance structure.

Health Service Providers	Governance Structure Brief Description Of Hybrid Governance Structure
State (state)	The analyzed 3T medical cases respond to different types of mixed management due to specific actors' behaviors, motives, and methods (Lockwood & Davidson, 2010). The appendix provides a detailed description and classification of each case according to the type of hybrid government (market, stakeholder, and citizen). This case indicates that our data primarily reflects hybrid governance that includes commercial and non-commercial private enterprises. Our data does not reflect government mixed with citizens. With this classification in mind, we analyze each case in terms of assignment, procedural and cognitive definitions, including interdependencies (in the Conclusion section).
Private sector (private sector) Private sector	Civil society includes individuals and groups of people who interact socially, politically and economically. Civil society not only performs checks and balances on the powers of Government and the private sector but also contributes and strengthens the other two elements, such as helping to monitor the environment, resource depletion, pollution and social abuse, contributing to economic development by helping to distribute the benefits of growth. a more equitable economy in society, and offer opportunities for individuals to improve their standard of living..
Civil society	Civil society includes individuals and groups who interact socially, politically, and economically. The civil society contributes to economic development by limiting and balancing the powers of government and the private sector and supporting distribution while fostering and strengthening two other factors: environmental monitoring, resource depletion, and support for pollution and social abuse. Do Growth advantage. Creating a more equitable economy for society and creating opportunities to improve people's living standards.

introduce a vaccine to the 3T base without the intervention of the other party. Difficult to find and expensive to travel. The cost of dispatching medical personnel to the 3T zone and establishing medical services is very high. One of the reasons is that the infrastructure in the area is undeveloped, making access difficult and expensive. It will take time and money, but it is essential to create an infrastructure that can access remote areas of Indonesia to get medical care.

The ICRC has been advised to provide logistical support, such as shipping to multiple locations. The government is accelerating the vaccination project, one of which collaborates with the private sector through the joint vaccination project. In collaboration with the ICRC, the government sees the potential of a program to implement a 3T

TABLE 2: Secondary data processing.

Case 1	Covid-19 Vaccine Service which involves: Human Rights Directorate General of Corrections, Ministry Law and of Health Service International Committee of the Red Cross (ICRC) Palang Merah Indonesia (PMI) Students Community
Case 2	Child Circumcision Service Program Hospital Social Responsibility Private Hospital Puskesmas Pos Health Assistant Donors of activities (individuals and foundations) Community
Case 3	Cleft Lip Surgery Health Service TNI Community International organization "Smile Train" Indonesian Association of Reconstructive and Aesthetic Plastic Surgeons, Maxila Mandibula Foundation, and Private Hospital
Case 4	Stunting Ministry of Village, Development Disadvantaged Regions, and Transmigration Health District Office

vaccination program (front, back, remote location) in Indonesia. Correctional Services Justice Department distributes sanitary and protective equipment 3T prisons and exceptional hospitals for COVID-19 treatment. Volunteer and Islamic boarding schools also provide immunization services in the area. The hybrid government encourages regional expansion, positively transforming efficient and effective public services.

Similarly, Case 2 (Mass Circumcision) shows how a 3T country with a statistically limited medical staff has financed a private enterprise (a private hospital) from company funds to implement a hospital's social responsibility program. Zone 3T can perform large-scale circumcision every year as part of the hospital's social responsibility program. This activity is conducted in collaboration with various sponsors and sponsors interested in community activities. This case shows that 3T hybrid governments can radically improve health care without spending public money. Government intervention as a mediator encourages people to circumcise their children.

First, the hybrid government is expected to create more and improve the quality of various public services. Private participation may provide private funding for the creation, maintenance, and improvement of health care. Case 1 illustrates how government and private sector engagement in COVID-19 vaccine adoption interact. It is self-evident that the 3T base government cannot promote the introduction of vaccines without the intervention of the other party.

Although private actors can contribute to creating public goods through co-development and co-financing of health care, our empirical evidence suggests that

this may also increase the risk of unequal distribution of health care among citizens. This problem arose especially after creating a hybrid care model in which commercial health care was the sole responsibility of the state, as in cases 1 and 2. Similarly, in case 3 (cleft palate surgery), several medical services were involved, and Smile Train International was established in 1999 in New York, USA. Smile Train's heart is the development of solid and sustainable partnerships to fulfill its mission to overcome cleft palate in Indonesia and around the world. Smile Train is a global clearing lip relief organization that monitors the World Health Organization (WHO).

Case 3 (Cleft Cleft Surgery) demonstrates knowledge sharing in a hybrid government model, empowering local doctors and nurses. Smile Train doctors are trained to include cleft lip surgery. In addition to educating experienced doctors and nursing staff, SmileTrain offers a free web library available worldwide. So that doctors do not lack knowledge of surgical techniques in developed countries. This training aims to improve the qualifications and abilities of medical professionals treating patients, especially those with cleft lip and cleft lip.

2. Rent-seeking: Public funding of 3T health services subsidizes private actors

In some cases, inequality is observed not between citizens but between citizens and individual investors. There are concerns that government funds (taxes) subsidize private non-profit organizations. This actor is significant when central governments finance health projects [Case 14]. As a result, public funds are not proportionately allocated to medical services in District 3T. At 3T, we will create a hybrid government for public services that include the fund's private sector. In this case, individual actors associate their names with cultural prestige in exchange for some "rent" in the form of branding and large one-time payments in the long run.

B. Procedural justice: impact of public health service governance in 3T areas.

Our case shows that the choice of hybrid government, mainly aimed at developing new revenue streams, appears to lead to an increase in the diversity and number of actors involved in the planning and design phases of public health services as opposed to traditional public health services governance processes. This was demonstrated in case 3, where the government backed away, allowing health services to administer without heavy regulatory procedures and public funds. This creates space for entrepreneurs and community actors to carry out their activities from the ground up while generating income to sustain public access. This case illustrates a 'demand-driven approach that unleashes low-cost initiatives and experiments among citizens.

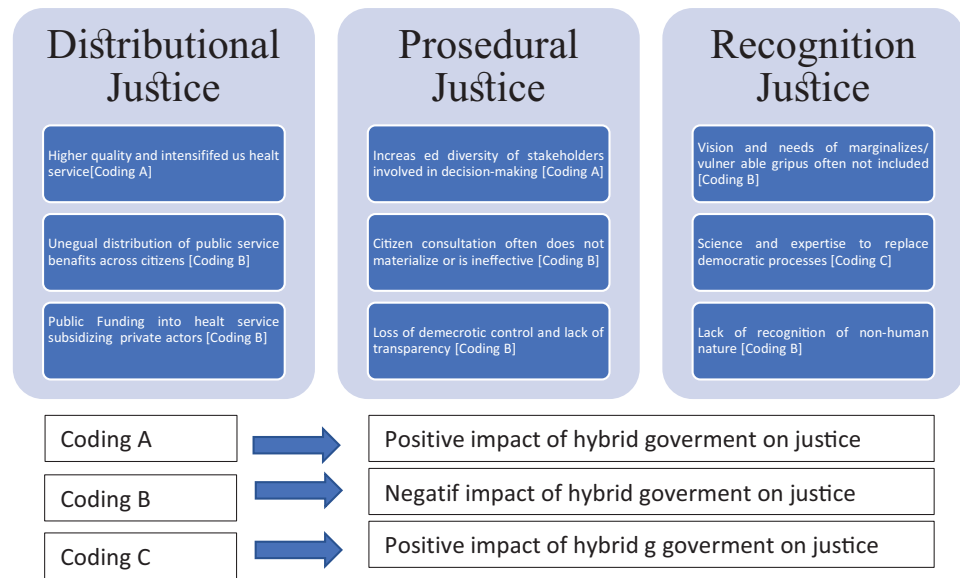


Figure 1

In case 3, the planned change to a hybrid government structure is to trigger the involvement of various community actors in the planning and design process. This engagement aims to convey creative ideas on how to serve the community while generating income for health services; it raises a new perspective on the function of public services. For example, based on the public’s value of health services, Smile Train is interested in being a temporary funder, and its ideas can better serve public health goals. This includes the addition of new facilities and incentives for people to visit and enjoy public services. We note that a shift to a hybrid government model may thus trigger increased engagement of multiple stakeholders (who may or may not have been historically marginalized).

C. Recognition justice: the impact of public health service governance in 3T daerah areas

Integrating the vision or needs of marginalized or vulnerable communities has in some cases been a clear health development goal, but success has varied. Case 2 targets socio-economic public services. Health care in Zone 3T aims to reduce inequality in public services in Zone 3T and promote economic recovery in Zone 3T. In both cases, a top-down hybrid approach to government appears to suppress perceptions of vulnerable or marginalized groups. Case 23 has a top-down vision recognizing effective and efficient healthcare fundamental to all 3T residents.

Case 2 demonstrates “demand-driven” civic engagement from the outset, but active citizens (who can organize actions) are more likely to achieve the vision than those with

fewer resources (human and financial) show. Big. However, the 3T domain is recognized and accounted for in public services. Since this is done without direct intervention, there is a risk that adat values will be viewed as a means of gaining support. Case 3 places a new emphasis on public health as new governance models provide opportunities to work with vulnerable groups.

4. Conclusion

Public service interventions often target multiple sustainable development goals but overlook the (non)planned justice outcomes. In our case, we use a balanced gap analysis between the two to investigate the effects of fairness of assignments, procedures, and perceptions that can arise in both positive and negative hybrid governance. It describes overcoming these contradictions and achieving “fair” hybrid health governance by formulating three strategic recommendations. Our findings extend into the environmental justice literature using realistic analyzes of the implications of hybrid health equity. Policy advice guides implementing the current wave of hybrid health care in a “fair” manner. It is better to do more research to understand reality better.

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Conflic of Interest

The authors have no conflicts of interest

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