

DECISION-MAKING UNDER QUOTA CONSTRAINTS: DISCRETION AMONG STREET-LEVEL BUREAUCRATS IN SUBSIDIZED HEALTH INSURANCE IMPLEMENTATION AT THE SERANG CITY SOCIAL SERVICE OFFICE

Novita Sari^{1*}, Bambang Shergi Laksmono²

Universitas Indonesia, Indonesia

*Corresponding author: novitadotsari@gmail.com

Received: 01/04/2026 | Revised: 05/04/2026 | Accepted: 20/04/2026 | Published: 30/05/2026

Abstract

This study examines how street-level bureaucrats (SLBs) make decisions under quota constraints in implementing subsidized health insurance, particularly the Contribution Assistance Recipient (PBI) scheme under Indonesia's national health insurance system (BPJS), at the Social Service Office of Serang City, Indonesia. It addresses the challenges of limited resources and increasing service demand that require SLBs to adapt policy practices in real-world conditions. Using a qualitative descriptive approach, data were collected through in-depth interviews, observations, and document analysis involving key implementers. The findings reveal that discretion plays a central role, operating through practices such as restricting access and demand, administrative differentiation, regulation of client interactions and work situations, and influencing client behavior. Each decision made by SLBs determines access to health services for the poor and directly affects social welfare. These practices function as coping mechanisms that enable SLBs to manage workload pressures and allocate limited quota. However, discretion also has a dual nature: while it enhances flexibility and responsiveness, particularly in prioritizing vulnerable groups, it may also introduce risks to fairness and accountability. The study concludes that discretion operates within a complex interplay of institutional constraints and socio-political pressures, highlighting the need for balanced governance to ensure both adaptability and accountability in policy implementation.

Keywords: *Discretion, Street-Level Bureaucracy, Decision-Making, Quota Constraints, Subsidized Health Insurance*

INTRODUCTION

Health is a fundamental right of every individual that must be guaranteed and protected by the state. This right has been universally recognized, where its fulfillment is not only related to the provision of healthcare services but also encompasses broader aspects such as justice, equality, and accessibility for all segments of society. This is in line with the findings of Montel et al. (2022), which emphasizes that health systems must be able to address inequalities and ensure equitable access to services, especially for vulnerable groups. In addition, Law Number 17 of 2023 on Health further strengthens this right by stating that every individual has equal rights to access safe, quality, and affordable healthcare services. In an effort to fulfill this right, the Government of Indonesia has implemented the National Health Insurance (Jaminan Kesehatan Nasional or JKN) to promote the achievement of Universal Health Coverage (UHC). UHC aims to ensure that every citizen can access essential healthcare services without experiencing financial hardship (WHO, 2025). One of the key schemes within this program is the PBI, which refers to health insurance participation fully subsidized by the government as regulated under Law Number 40 of 2004 on the National Social Security System. Through the PBI scheme, the government seeks to reduce disparities in healthcare access and improve the quality of life, particularly for the poor and vulnerable populations. However, achieving UHC is not solely a matter of policy design but also of how policies are implemented in practice. Policy implementation plays a crucial role in determining the extent to which equitable access to healthcare services is realized, particularly for disadvantaged groups. Evidence from other countries, such as Nigeria and Benin, shows that even well-designed health insurance policies may face significant implementation challenges due to limited resources, weak information systems, and insufficient administrative capacity (Alawode & Adewole, 2021;

DECISION-MAKING UNDER QUOTA CONSTRAINTS: DISCRETION AMONG STREET-LEVEL BUREAUCRATS IN SUBSIDIZED HEALTH INSURANCE IMPLEMENTATION AT THE SERANG CITY SOCIAL SERVICE OFFICE

Novita Sari et al

Houeninvo et al., 2022). These limitations highlight the importance of understanding how policies are translated into practice at the frontline level. In such contexts, resource constraints often shape how frontline implementers exercise discretion in delivering public services. SLBs, who directly interact with citizens, frequently face situations where policy guidelines are incomplete or too rigid to be applied effectively. As argued by Lipsky (2010), discretion becomes an inherent feature of frontline work, enabling bureaucrats to adapt policies to real-world conditions. However, this discretion is not unlimited, as it is constrained by formal rules, organizational structures, and external accountability mechanisms (Hassan et al., 2021; van Berkel et al., 2022; Leonardi et al., 2021).

Chang & Brewer (2023) further highlight two main reasons why discretion in policy implementation is important to examine. First, SLBs operate at the frontline of public service delivery and directly interact with citizens. In the context of PBI, they include local-level implementers such as social service agencies and related technical units responsible for data collection, verification, and beneficiary determination. Second, they possess a relatively high level of discretion, and their decisions often have direct consequences on people's welfare. Previous studies have shown that discretion can enhance policy effectiveness and legitimacy (Thomann et al., 2018; Ferreira et al., 2021). However, its use is also influenced by socio-political context, organizational environment, and implementers' attitudes and commitment (Knox & Arshed, 2024). Nevertheless, studies examining discretion in the context of subsidized health insurance policies for low-income populations remain limited.

In Serang City, the implementation of the BPJS PBI policy faces challenges due to limited quota funding by the local government, while the number of new applicants continues to increase. This situation results in long waiting lists, including among low-income individuals with urgent health needs. Under these conditions, the Social Service Office of Serang City is required to exercise discretionary decision-making in determining priority beneficiaries amid quota constraints. Based on this context, this study aims to analyze how discretion is exercised by SLBs in the Social Service Office of Serang City in implementing the BPJS PBI policy. This study contributes theoretically to the development of policy implementation studies, particularly regarding the role of discretion in public service delivery, and practically to provide recommendations for local governments in improving the effectiveness of health insurance programs. The findings of this study indicate that the use of discretion by SLBs serves as an important strategy in addressing quota limitations and the increasing demand for BPJS PBI participation. The implications of this study highlight the need for more flexible policy guidelines and capacity strengthening for policy implementers to ensure that discretion is exercised within appropriate boundaries.

LITERATURE REVIEW

BPJS PBI and Social Welfare

Based on Article 1 of Law Number 40 of 2004 on the National Social Security System, PBI refers to contributions paid by the government for the poor and underprivileged as participants in social security programs. This is also stated in BPJS Health Regulation Number 6 of 2018 concerning the Administration of Health Insurance Program Membership, which defines PBI as the poor and underprivileged as participants in the health insurance program. At the local level, the implementation of the National Health Insurance Program in Serang City is further regulated through the Mayor Regulation of Serang City Number 28 of 2018 concerning the Optimization of the Implementation of the National Health Insurance Program in Serang City. This regulation serves as the legal basis for the local government to increase JKN participation and ensure the provision of health insurance for the community, including PBI beneficiaries. However, there are no detailed derivative regulations regarding the criteria for the poor, as well as the mechanisms for determining and verifying PBI participants in Serang City. The absence of these regulations at the local level is significant, as they function to bridge formal policies into practical implementation. Pedroza & Arrighi (2025) argue that policy implementation requires not only higher-level regulations but also rules that translate these policies into practice through administrative guidelines and operational provisions for implementers at the frontline level.

PBI is specifically designed to ensure access to healthcare services for poor and underprivileged populations, thereby directly contributing to the government's efforts in promoting social welfare. Tendengu (2024) emphasizes that social policy is not only concerned with the distribution of material goods but also includes the provision of public services such as healthcare, education, and social protection as a means to improve people's quality of life. In this context, the BPJS PBI program can be understood as a form of social welfare initiative implemented by the government to protect the health of poor and vulnerable populations, while also addressing one of the basic needs that determine social welfare.

Discretion and Street-Level Bureaucracy Theory

Lipsky (2010) explains that discretion, manifested as the freedom to interpret, decide, and act when facing ambiguity in service contexts, as well as contradictions or gaps in rules and policy guidelines, is crucial for the implementation process and the ultimate outcomes of public policy. Thomann et al. (2018) define discretion as the freedom to decide what should be done in a particular situation. Street-level bureaucracy theory explains how SLBs operate, their practices and beliefs in public service delivery, and how they implement public policies in their daily activities. According to Lipsky (2010) SLBs comprise both professionals and non-professionals who perform frontline work in policy implementation. In their interactions with service users or beneficiaries, SLBs face resource imbalances such as limitations in staff capacity, time, financial and physical resources, as well as increasing demands from service users. As a result, SLBs must continuously balance policy requirements with real-world conditions, often relying on discretionary judgment to manage their workload and deliver services effectively.

Recent developments in the literature indicate that street-level bureaucracy theory not only emphasizes resource constraints but also highlights how SLBs actively shape policy implementation through the discretion they exercise. Research by Iskandar (2021) shows that the phenomenon of red tape or rigid bureaucratic procedures encourages SLBs to use discretion as a strategy to ensure that policies can still be implemented effectively. In this context, discretion becomes a response to the mismatch between formal rules and field conditions. Furthermore, recent studies indicate that discretion affects not only the implementation process but also policy outcomes. Hassan et al. (2023) emphasize that the use of discretion in direct interactions with the public can influence service strategies as well as the outcomes experienced by clients. Discretion enables SLBs to make more context-sensitive decisions, although it may also introduce bias if not properly controlled.

The concept of discretion in the perspective of street-level bureaucracy, as introduced by Lipsky (2010) highlights that frontline public officials possess a degree of autonomy in decision-making to cope with limited resources and the complexity of service demands. Lipsky identifies four primary forms of discretion commonly exercised by SLBs. First, rationing services, which involves limiting access and managing demand to control service workloads. Second, differentiation, where clients are administratively categorized based on certain criteria. Third, controlling clients and service situations, which refers to efforts to regulate interactions and maintain order in service delivery contexts. Fourth, modifying client behavior, where bureaucrats attempt to influence clients' attitudes and actions to align with organizational rules and capacities. These forms of discretion illustrate that policy implementation at the street level is not merely procedural, but is shaped by the interpretations and adaptive strategies of individual bureaucrats in responding to real-world conditions.

Recent literature also shows that the forms of discretion exercised by SLBs can be understood through the concept of coping mechanisms, referring to strategies used to deal with resource limitations and work pressures in policy implementation. Edri-Peer & Cohen (2025) find that discretionary practices are an inherent response to task complexity and the mismatch between policy demands and field conditions. In practice, discretion does not only appear as individual freedom but also as systematic patterns of behavior in dealing with organizational constraints. Consistent with this, recent studies classify forms of discretion into several behavioral patterns, ranging from efforts to assist and adapt services to clients to restricting access, standardizing services, and strictly enforcing rules (Edri-Peer & Cohen, 2026).

METHOD

To obtain in-depth data and a more holistic understanding of the discretion exercised by SLBs in the implementation of BPJS PBI policy in the Social Service Office of Serang City, this study employs a qualitative research approach. The type of research used is descriptive research. According to Neuman (2014), descriptive research provides detailed and specific descriptions of particular situations, conditions, or relationships. Therefore, this approach is appropriate for describing patterns and forms of discretion in policy implementation.

This research was conducted at the Social Service Office of Serang City as the main research site, considering that the institution is responsible for implementing BPJS PBI policy at the local level, including the processes of application intake, data collection, verification, and validation. Data collection was carried out from August 2025 to April 2026. The object of this research is the practice of discretion in the implementation of BPJS PBI policy, while the research subjects consist of informants selected through purposive sampling based on criteria relevant to the research objectives. The selected informants include individuals involved in discretionary decision-making in the implementation process.

Table 1. Informant Selection Framework

| Research Objectives | List of Informants | Number of Participants |
|---|---|------------------------|
| Discretion exercised by SLBs in the social service office of Serang City in the implementation of BPJS PBI policy | PBI Data Processor | 3 |
| | DTSSEN Operator | 1 |
| | Head of Social Protection and Security Division (2023-2024) | 1 |
| | Village DTSSEN Operator | 2 |
| Total | | 7 |

Data were collected through in-depth interviews, observation, and document analysis. Semi-structured interviews were conducted using an interview guide to explore information related to discretionary practices. Observations were carried out to understand service processes and interactions between policy implementers and the community, while document analysis was used to complement the data through official documents such as participation data, institutional reports, and policy documents. The primary research instrument was the researcher, supported by interview guidelines, recording devices, and field notes. Data analysis was conducted qualitatively through several stages, including data reduction, coding, categorization, and conclusion drawing. The analyzed data were then interpreted by linking them to the theoretical framework used in the study to obtain a comprehensive understanding of discretion in policy implementation. To ensure research quality, data triangulation was used by comparing multiple data sources and collection methods, thereby enhancing the credibility and validity of the findings.

RESULTS AND DISCUSSION

The findings indicate that SLBs in the Social Service Office of Serang City exercise discretion in various forms. This is consistent with street-level bureaucracy theory, which explains that SLBs actively shape policy outcomes through their daily decisions. Lipsky (2010) argues that, under conditions of quota constraints and high service demand, SLBs inevitably develop discretionary practices to manage their workload and client interactions. Recent studies further confirm that discretion significantly influences both implementation behavior and client outcomes (Hassan et al., 2021). The forms of discretion identified in this study include restricting access and demand, administrative differentiation, regulation of clients and work situations, and influencing client behavior, in line with the forms of discretion proposed by Lipsky (2010).

1. Restricting Access and Demand

One form of discretion is reflected in the strict enforcement of administrative requirements. Based on interview findings, applicants are required to complete documents such as ID cards, family cards, certificates of indigency (Surat Keterangan Tidak Mampu), and poverty criteria forms. When applicants submit incomplete documents, SLBs typically require them to fulfill the missing requirements before proceeding with the application process and returning to the Social Service Office. This aligns with the concept that discretion allows bureaucrats to determine appropriate actions in specific situations.

Beyond administrative enforcement, the implementation of queuing systems and adaptive service mechanisms further reflects coping strategies used by SLBs to manage workload pressures. This is consistent with Lipsky (2010) argument that SLBs develop routines and simplification mechanisms to deal with excessive demand and limited capacity. This is also in line with findings that discretion is closely related to enforcement styles and interaction strategies in dealing with clients, which can shape how policies are delivered in practice (Hassan et al., 2023).

Another form of discretion is seen in the rationalization of BPJS PBI activation time. Although administratively the activation process typically takes around one month, SLBs deliberately communicate longer waiting periods—often up to three months or more—to manage client expectations and reduce potential conflict. Based on interview findings, this practice is influenced by limited quota availability and the need to prioritize certain applicants, such as vulnerable groups or urgent cases. By extending the perceived waiting time, SLBs create a buffer that allows them to accommodate priority applications while maintaining service stability. This reflects how discretion functions not only in decision-making but also in managing expectations and

DECISION-MAKING UNDER QUOTA CONSTRAINTS: DISCRETION AMONG STREET-LEVEL BUREAUCRATS IN SUBSIDIZED HEALTH INSURANCE IMPLEMENTATION AT THE SERANG CITY SOCIAL SERVICE OFFICE

Novita Sari et al

preventing dissatisfaction among clients. As noted by Lipsky, SLBs often develop such strategies to cope with institutional constraints and high service demand.

2. Administrative Differentiation

Beyond restricting access, discretion is also evident in the differentiation of administrative treatment, particularly in prioritizing vulnerable groups such as individuals with chronic illnesses, pregnant women, the elderly, and persons with disabilities. Based on interview findings, SLBs tend to prioritize these groups to ensure timely access to essential services. For example, applicants with chronic illnesses such as heart disease or cancer are often processed more quickly and placed ahead of others, even if their applications are submitted later. Similarly, elderly individuals, pregnant women, and persons with disabilities are administratively separated and marked as priority cases in both document handling and data systems. This demonstrates that discretion enables SLBs to adjust policies based on contextual needs. In Lipsky's framework, this form of practice reflects administrative differentiation, where clients are categorized and treated differently as a way to manage service demand and allocate limited resources. However, such prioritization is not solely driven by professional judgment but is also influenced by organizational and political pressures, such as entrusted applications or aspirations from political actors, which are sometimes marked and processed differently within the system. This finding supports the argument that discretion is not purely individual but is shaped by institutional environments and external influences.

The modification of welfare data (decile) further illustrates how SLBs adapt formal rules to match field realities. Based on interview evidence, SLBs may coordinate with local authorities to update beneficiary data or even adjust certain indicators, such as asset ownership, to better reflect actual socioeconomic conditions in the field. In some cases, assets like motorcycles or smartphones are deliberately recorded as absent or of low value when they are considered no longer representative of the household's economic capacity. This is consistent with Lipsky's view that rules are often interpreted flexibly in practice due to the gap between formal policy design and real-world conditions. This is also supported by recent literature showing that discretion often emerges as a response to rigid systems and data limitations, where bureaucrats must reconcile formal regulations with real-life conditions (Thomann et al., 2018).

Additionally, the classification of beneficiaries into national (APBN) or local (APBD) funding schemes reflects discretionary judgment in resource allocation. Individuals classified in lower deciles (1-5) are typically proposed under national funding, while those in higher deciles or not yet registered in DTSEN are redirected to local schemes. This indicates that categorization processes are critical sites of discretion, where decisions directly affect access to welfare benefits. These patterns of classification are also reflected in the distribution of beneficiaries across funding schemes, as shown in the following table:

Table 2. Distribution of BPJS PBI Beneficiaries by Funding Scheme

| Years | PBI APBN | | PBI APBD | |
|-------|-------------------|---------|-------------------|--------|
| | Number of persons | Quota | Number of persons | Quota |
| 2022 | 141.854 | | 41.242 | 42.000 |
| 2023 | 165.486 | Not | 42.848 | 43.000 |
| 2024 | 165.635 | mention | 41.692 | 43.000 |
| 2025 | 197.041 | | 61.503 | 63.000 |

The distribution of beneficiaries across national and local funding schemes, as presented in Table 2, reflects how discretionary decisions are embedded in the allocation and categorization processes. However, these allocations are not static and continue to evolve in response to policy adjustments and resource constraints. Notably, the quota for APBD is limited and is almost fully utilized each year, indicating minimal room for additional enrollment. Meanwhile, findings from interviews reveal that there are at least 40 new applications submitted daily. This imbalance between limited quota capacity and continuously increasing applications requires SLBs to exercise discretion in managing and prioritizing submissions. As a result, SLBs must selectively determine which applicants are processed first, often prioritizing vulnerable groups or urgent cases within the constraints of available quota. As shown in Table 3, changes in beneficiary status include deactivations under the APBN scheme, which are determined by the central government, as well as the automatic transfer of beneficiaries from APBD to APBN when their welfare classification (decile 1-5) meets the eligibility criteria. These dynamics indicate that, although certain decisions are centrally administered, they

DECISION-MAKING UNDER QUOTA CONSTRAINTS: DISCRETION AMONG STREET-LEVEL BUREAUCRATS IN SUBSIDIZED HEALTH INSURANCE IMPLEMENTATION AT THE SERANG CITY SOCIAL SERVICE OFFICE

Novita Sari et al

have direct implications for local-level implementation, particularly in quota management and the accommodation of new applicants.

Table 3. PBI Beneficiary Deactivation and Reallocation (as of February 2026)

| APBN Deactivations (persons) | Transfer from APBD to APBN (persons) |
|------------------------------|--------------------------------------|
| 11.319 | 3.519 |

Based on Table 3, these adjustments have direct implications for local-level implementation, particularly for shaping quota availability and influencing how new applications are managed. The reduction of beneficiaries under the national scheme creates limited space for new entrants, which in turn reinforces the need for selective processing and prioritization at the frontline level. In this context, although the adjustments are centrally determined, they indirectly shape the discretionary practices of SLBs in managing access, determining priorities, and controlling service demand.

3. Regulation of Clients and Work Situations

SLBs regulate interactions with clients through structured procedures while simultaneously adapting to situational demands. This reflects the dynamic nature of discretion in everyday administrative practices. Lipsky (2010) notes that SLBs often structure their interactions and workflows to maintain control over service delivery in the face of uncertainty. Empirical findings from this study show that interactions are guided by standardized questioning and document verification procedures. However, in high-demand situations, SLBs may limit prolonged interactions by redirecting clients or encouraging them to conclude consultations more quickly. These interaction practices are reflected in the standardized questioning procedures used by SLBs during service delivery, as presented in Table 4.

Table 4. Standardized Interaction Procedures and Their Function in Service Delivery

| No. | Interaction Question | Function | Discretionary Implication |
|-----|--|---|--|
| 1 | Is there anything I can assist you with? | Identify client needs | Initial screening of service requests |
| 2 | Do you bring your ID card? | Check eligibility, participation status, and decile | Determines whether the client can proceed |
| 3 | Have you brought all the required documents? | Ensure administrative completeness | Basis for accepting or postponing applications |

As shown in Table 4, even routine questioning serves as a mechanism for screening, categorizing, and controlling access, illustrating how discretion is embedded in everyday administrative interactions. Based on the table, there are at least three mandatory questions that must be asked of clients during the service process, indicating the presence of standardized interaction procedures. These structured questions not only function to gather information but also act as tools for regulating client behavior and guiding interactions within predefined procedural boundaries. The arrangement of service spaces and interaction patterns also illustrates how SLBs manage their work environment, such as positioning service desks in ways that restrict client access to administrative systems and information. In this context, discretion is not only exercised in decision-making but is also embedded in organizational routines and daily practices that shape service delivery.

4. Influencing Client Behavior

Discretion is also used to shape client behavior and expectations, particularly through the prioritization of vulnerable groups and the management of complaints. This reflects the relational dimension of discretion in public service delivery. In handling resistance, SLBs may redirect clients to other institutions to maintain legitimacy and reduce potential conflict. Empirical findings from this study, for instance, show that clients who question service limitations are sometimes referred to other agencies such as BPJS Kesehatan and the Health Service Office, to verify information, thereby reinforcing institutional credibility. This aligns with findings that discretion influences how bureaucrats interact with clients and shape service experiences (Hassan et al., 2023). At the same time, SLBs establish boundaries by limiting services to their formal job descriptions, such as directing clients to other service counters when requests fall outside their responsibilities. This reflects coping mechanisms to deal with excessive demands, as Lipsky explains that SLBs develop role boundaries to protect

DECISION-MAKING UNDER QUOTA CONSTRAINTS: DISCRETION AMONG STREET-LEVEL BUREAUCRATS IN SUBSIDIZED HEALTH INSURANCE IMPLEMENTATION AT THE SERANG CITY SOCIAL SERVICE OFFICE

Novita Sari et al

themselves from workload overload. Interestingly, the study also finds instances where SLBs deliberately avoid discretion by strictly adhering to standard procedures. This reflects the influence of accountability systems. Lipsky also acknowledges that discretion is not always fully exercised, as it is constrained by organizational rules and external oversight. Recent research further shows that reduced discretion, such as through automation, can impact accountability and decision-making behavior, highlighting the importance of maintaining balanced discretionary space (Wang et al., 2026).

Overall, the findings confirm that discretion plays a central role in policy implementation. SLBs actively shape policy outcomes through their everyday practices, particularly in contexts characterized by limited resources and high service demand. As emphasized by Lipsky, discretion is inherent in frontline work and becomes a key mechanism through which policies are translated into practice. Recent studies reinforce that discretion is both enabling and constraining. On the one hand, it enhances flexibility and responsiveness to client needs. On the other hand, it may introduce bias and inconsistency in service delivery. For example, discretion has been shown to improve client meaningfulness, although its effects often vary depending on organizational support and contextual conditions.

The findings of this study highlight the dual nature of discretion. Practices such as prioritizing vulnerable groups illustrate their positive role in ensuring equitable access to services, while entrusted applications and data modification reveal potential risks related to fairness and accountability. These findings suggest that discretion operates within a complex interplay of professional judgment, institutional constraints, and external pressures. Therefore, strengthening operational guidelines, improving data systems, and enhancing institutional oversight are essential to ensure that discretion remains adaptive while maintaining accountability in policy implementation.

CONCLUSION

This study demonstrates that decision-making under quota constraints in the implementation of BPJS PBI at the Serang City Social Service Office is largely shaped by the discretionary practices of SLBs. Faced with limited quota capacity and continuously increasing applications, SLBs actively determine how resources are allocated and which beneficiaries are prioritized. In line with Lipsky's perspective, discretion functions as a key mechanism that enables frontline implementers to translate formal policies into practical actions. The findings show that discretion operates through practices such as restricting access and demand, administrative differentiation, and the regulation of client interactions, allowing SLBs to manage workload pressures and maintain service delivery. However, discretion is not always fully exercised, as SLBs may also adhere strictly to formal procedures to ensure accountability. These findings highlight the need for a balanced approach to discretion, where flexibility is supported by clear operational guidelines and strengthened oversight to ensure fair and accountable decision-making under quota constraints.

ACKNOWLEDGEMENT

We gratefully acknowledge Lembaga Pengelola Dana Pendidikan (LPDP) for financial support, the Department of Social Welfare, University of Indonesia for academic guidance, and the Social Service Office of Serang City for providing access and support during the research process. We also extend our sincere appreciation to all informants who generously shared their time and insights, making this study possible.

REFERENCES

- Alawode, G. O., & Adewole, D. A. (2021). Assessment of the design and implementation challenges of the National Health Insurance Scheme in Nigeria: a qualitative study among sub-national level actors, healthcare and insurance providers. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-020-10133-5>
- Chang, A., & Brewer, G. A. (2023). Street-Level bureaucracy in public administration: A systematic literature review. *Public Management Review*, 25(11), 2191–2211. <https://doi.org/10.1080/14719037.2022.2065517>
- Edri-Peer, O., & Cohen, N. (2025). Revisiting coping mechanisms on the street-level: a systematic literature review. *Journal of Public Administration Research and Theory*, 35(4), 397–421. <https://doi.org/10.1093/jopart/maaf022>
- Edri-Peer, O., & Cohen, N. (2026). Street-level bureaucrats' cognitive coping during public service delivery: a systematic literature review. *Public Management Review*. <https://doi.org/10.1080/14719037.2026.2620549>
- Ferreira, V. D. R. S., Medeiros, J. J., Bright, C. L., & Crumpton, C. D. (2021). Implementing social policy in Brazil: an inter-contextual exploration of the exercise of discretion by street-level bureaucrats. *International Public Management Journal*, 24(6), 1023–1041. <https://doi.org/10.1080/10967494.2019.1711474>

DECISION-MAKING UNDER QUOTA CONSTRAINTS: DISCRETION AMONG STREET-LEVEL BUREAUCRATS IN SUBSIDIZED HEALTH INSURANCE IMPLEMENTATION AT THE SERANG CITY SOCIAL SERVICE OFFICE

Novita Sari et al

- Hassan, M. S., Al Halbusi, H., Ahmad, A. B., Abdelfattah, F., Thamir, Z., & Raja Ariffin, R. N. (2023). Discretion and its effects: analyzing the role of street-level bureaucrats' enforcement styles. *International Review of Public Administration*, 28(4), 480–502. <https://doi.org/10.1080/12294659.2023.2286671>
- Hassan, M. S., Ariffin, R. N. R., Mansor, N., & Al Halbusi, H. (2021). An examination of street-level bureaucrats' discretion and the moderating role of supervisory support: Evidence from the field. *Administrative Sciences*, 11(3). <https://doi.org/10.3390/admsci11030065>
- Houeninvo, H. G., Bello, K., Hounkpatin, H., & Dossou, J. P. (2022). Developing and implementing National Health Insurance: learnings from the first try in Benin. *BMJ Global Health*, 7(11). <https://doi.org/10.1136/bmjgh-2022-009027>
- Iskandar, D. (2021). *Bureaucratic Red Tape and Discretion of Street Level Bureaucracy: Implication of Food Diversification Policy in Indonesia*.
- Knox, S., & Arshed, N. (2024). Street-level discretion, personal motives, and social embeddedness within public service ecosystems. *Public Administration Review*, 84(5), 918–931. <https://doi.org/10.1111/puar.13761>
- Leonardi, D., Paraciani, R., & Raspanti, D. (2021). A strategy is necessary. The policy–client conflict within different relational asymmetries: a comparison at the street-level. *International Journal of Sociology and Social Policy*, 41(13–14), 81–95. <https://doi.org/10.1108/IJSSP-07-2021-0188>
- Lipsky, M. (2010). *Street-level democracy: dilemmas of the individual in public services* (Updated). Russell Sage Foundation.
- Montel, L., Ssenyonga, N., Coleman, M. P., & Allemani, C. (2022). How should implementation of the human right to health be assessed? A scoping review of the public health literature from 2000 to 2021. In *International Journal for Equity in Health* (Vol. 21, Number 1). BioMed Central Ltd. <https://doi.org/10.1186/s12939-022-01742-0>
- Neuman, W. Lawrence. (2014). *Social research methods : qualitative and quantitative approaches*. Pearson.
- Pedroza, L., & Arrighi, J. T. (2025). Perspectives on the implementation gap in citizenship policy. In *Comparative Migration Studies* (Vol. 13, Number 1). Springer Science and Business Media Deutschland GmbH. <https://doi.org/10.1186/s40878-025-00424-4>
- Tendengu, T. P. (2024). The efficacy of social welfare in social policy: Challenges, prospects and a way forward in Social Work Practise with young refugee women in Zimbabwe. In *Refugees and Migrants - Current Conditions and Future Trends [Working Title]*. IntechOpen. <https://doi.org/10.5772/intechopen.1004334>
- Thomann, E., Van Engen, N., & Tummers, L. (2018). Public Management Research Association The Necessity of Discretion. *Public Administration Research and Theory: J-PART*, 28(4), 583–601. <https://doi.org/10.2307/48556477>
- van Berkel, R., Penning de Vries, J., & Knies, E. (2022). Managing Street-Level Bureaucrats' Performance by Promoting Professional Behavior Through HRM. *Public Personnel Management*, 51(2), 189–212. <https://doi.org/10.1177/00910260211046554>
- Wang, S., Zhang, Y., Xiao, Y., & Liang, Z. (2026). Reduced perceived discretion, diminished felt accountability, and ineffective gender representation: The impact of AI on street-level bureaucracy. *Government Information Quarterly*, 43(2). <https://doi.org/10.1016/j.giq.2026.102140>
- WHO. (2025). *Tracking universal health coverage: 2025 global monitoring report*.