

Constitutional Limits and Territorial Representation of the DPD RI in Education and Health Services in Aceh

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ABSTRACT

This study examined the institutional role of the Regional Representative Council of the Republic of Indonesia (DPD RI) in advancing education and health services in Aceh Province and identified factors constraining its effectiveness. A descriptive qualitative design was employed, using purposively selected informants representing the DPD RI, provincial planning and technical agencies, academia, and local service users. Data were obtained through direct observation, unstructured in-depth interviews, and document analysis, and were analyzed through data condensation, display, and conclusion verification. Biddle's Role Theory and George C. Edwards III's policy implementation framework guided interpretation. The findings show that the DPD RI performs territorial representation through aspiration collection, working visits, oversight, recommendations, and inter-institutional coordination. However, a representation-to-impact gap persists because these outputs do not consistently translate into measurable policy or service outcomes. The gap is associated with limited constitutional authority, inconsistent follow-up communication, resource constraints, bureaucratic fragmentation, and Aceh's geographic complexity. The study proposes a traceable representation-to-impact chain supported by structured coordination, evidence-based territorial mapping, and digital follow-up mechanisms.



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INTRODUCTION

Public services in education and health are among the most tangible manifestations of the state's responsibility to fulfil citizens' basic rights. Within a welfare-state framework, service quality cannot be assessed merely by the existence of administrative procedures; it must also be evaluated in terms of whether public policies and institutions ensure equitable access, adequate quality, continuity of services, and accountable mechanisms for citizens. Law No. 25 of 2009 on Public Services establishes public service provision as a state obligation, while the 1945 Constitution of the Republic of Indonesia provides a strong constitutional basis for the rights to education and health. Accordingly, improving basic services is simultaneously a matter of governance and rights fulfilment. Indonesian public-service scholarship further shows that service quality is closely associated with institutional innovation, procedural certainty, bureaucratic capacity, and responsiveness to service users (Maryam, 2016; Kurniawan, 2016; Suhartoyo, 2019).

Government decentralization has expanded the capacity of regions to adapt services to local needs, but it has also increased the risk of interregional inequality when fiscal capacity, human resources, infrastructure, and governmental coordination are uneven. Previous studies indicate that improvements in service quality are frequently constrained by unresponsive bureaucracy, fragmented authority, inconsistent service standards, and weak follow-up to community needs (Enggarani, 2016; Rohayatin et al., 2017; Rukayat, 2017). In this context, public-service problems cannot be addressed solely by improving implementing units at the regional level. Institutions are also required to bring regional needs into the national policy arena, oversee follow-up, and ensure that central-government decisions remain connected to service realities on the ground.

The need for such a representative mechanism is particularly significant in Aceh Province. Its special-autonomy status, diverse geography - including urban, inland, mountainous, coastal, and island areas - and differing capacities across regencies and municipalities make education and health-service challenges highly uneven. Regional statistical data continue to show variations in educational

indicators, poverty, facility availability, and community health conditions across areas (Badan Pusat Statistik Provinsi Aceh, 2025). In the health sector, the distribution of health personnel, referral-facility capacity, financing, and continuity of access remain major challenges in Indonesia's pursuit of equitable service coverage (Pisani et al., 2017; Kementerian Kesehatan Republik Indonesia, 2024). In education, geographic constraints and unequal resource distribution likewise reinforce the need for policies that are sensitive to territorial characteristics rather than uniformly designed at the national level.

Within Indonesia's constitutional architecture, the Regional Representative Council of the Republic of Indonesia (Dewan Perwakilan Daerah Republik Indonesia, DPD RI) was established as a territorial representative institution that brings regional interests into national decision-making. Article 22D of the 1945 Constitution authorizes the DPD RI to propose and participate in deliberations on certain bills related to regional affairs and to oversee the implementation of laws within its constitutional remit. Education is explicitly included within this oversight domain, while health issues may be advanced through the DPD RI's regional representative function, oversight of policies concerning regional autonomy and central-regional relations, and the institutional work of Committee III. Nevertheless, the DPD RI does not possess final legislative or budgetary authority equivalent to that of the House of Representatives (DPR RI). This institutional design means that its effectiveness depends substantially on its capacity to collect, aggregate, and continuously advocate regional aspirations until they receive a response from institutions that possess implementation authority.

Consequently, the success of the DPD RI should not be measured solely by the number of recess activities, working visits, hearings, or recommendation documents it produces. Representative effectiveness should instead be assessed through a more substantive chain: whether public aspirations are translated into policy agendas, receive cross-institutional follow-up, enter relevant planning or budgeting processes, and ultimately contribute to service improvement. Research on the management of aspirations within the DPD RI highlights the importance of responsiveness, transparency, and feedback in maintaining public trust in representative institutions, while studies of DPD RI members' performance identify a relationship between representative performance and public perceptions of service delivery (Suranto et al., 2025). What remains insufficiently explained is the mechanism that links the articulation of aspirations to concrete service change, particularly in a province with distinctive institutional and geographic characteristics such as Aceh.

The development of digital government offers an opportunity to strengthen this chain. Digital complaint and aspiration-management systems can improve traceability, transparency, response speed, and documentation of follow-up when supported by clear governance arrangements. Studies of e-government in Indonesia show that technology can improve public services, but its benefits depend on organizational readiness, process integration, information quality, and user capacity rather than on the mere existence of an application (Nugraha, 2018; Atthahara, 2018; Tasyah et al., 2021). More recent findings similarly show that the implementation of electronic administrative systems remains shaped by organizational conditions and internal coordination (Flowerensia & Reviandani, 2025). For the DPD RI, therefore, digitalization is relevant not merely as a channel for receiving aspirations, but as an accountability instrument through which citizens can track the status, direction, and results of institutional follow-up.

The existing literature provides three important bodies of explanation, yet they remain relatively disconnected. The first examines public-service quality and innovation, emphasizing procedures, organizational capacity, and citizen-oriented service delivery (Maryam, 2016; Kurniawan, 2016; Riani, 2021). The second addresses service digitalization and the role of information systems in strengthening transparency and responsiveness (Nugraha, 2018; Atthahara, 2018; Tasyah et al., 2021). The third has begun to examine the DPD RI in relation to aspiration management and the relationship between representative performance and public satisfaction (Suranto et al., 2025). However, relatively few studies specifically connect the DPD RI's constitutional position, territorial representation practices, cross-level governmental follow-up, and service outcomes in two basic-service sectors simultaneously within the Aceh context. This gap is important because extensive regional authority and expenditure do not automatically produce equitable service quality when coordination, institutional capacity, and accountability mechanisms remain weak (Lewis, 2017).

Against this background, the novelty of this study lies in conceptualizing the DPD RI's role as a process through which representation is translated into policy impact, rather than merely as the formal performance of institutional functions. The analysis focuses on the relationship among expectations

directed toward the DPD RI, institutional behaviour and interaction, the Council's position within decision-making structures, and implementation factors that determine whether collected aspirations can move from recommendations to measurable follow-up. This approach helps explain why administratively active representative practices do not necessarily produce substantive improvements in education and health services. Aceh also provides an analytically important setting because basic-service needs intersect directly with geographic complexity, special autonomy, and central-regional coordination.

Accordingly, this study aims to analyze the forms and effectiveness of the DPD RI's role in advancing health and education services in Aceh Province and to identify the factors that constrain that role. Academically, the study contributes to the literature on territorial representation by linking it to the implementation of public services. Practically, the findings are intended to inform stronger mechanisms for following up public aspirations, improve coordination among the DPD RI, the Aceh Government, technical agencies, and relevant ministries, and support the development of more transparent feedback systems. The study therefore moves beyond describing what the DPD RI does and instead explains the institutional conditions under which territorial representation can, or cannot, generate basic-service improvements that are observable to citizens.

RESEARCH METHOD

This study employed a descriptive qualitative design to analyze the institutional role of the DPD RI in advancing health and education services in Aceh Province. A qualitative approach was selected because the study sought to understand processes of representation, inter-institutional interaction, follow-up to public aspirations, and the factors shaping the DPD RI's role, rather than to quantify relationships among variables. A descriptive qualitative design allows such processes to be interpreted contextually through the experiences, practices, and explanations of the actors involved (Yuliani, 2018; Fadli, 2021). The study was centered on the DPD RI Representative Office for Aceh Province in Banda Aceh, which functions as an institutional node connecting regional aspirations with representative processes at the national level.

Informants were selected purposively on the basis of three criteria reflected in the source study: direct relevance to the research focus, substantive knowledge of public-service issues, and practical or institutional understanding of representative processes. This strategy was intended to obtain information-rich perspectives from actors substantively connected to the research problem rather than to support statistical generalization (Campbell et al., 2020). Seven institutional roles were represented: a Committee III member of the DPD RI from Aceh (Tgk. Ahmada), the Head of the Secretariat of the DPD RI Representative Office for Aceh, an expert staff member of the Representative Office, the Head of the Planning Division of the Aceh Development Planning Agency (Bappeda), the Head of the Teachers and Education Personnel Division of the Aceh Education Office, the Head of the Health Resources Division of the Aceh Health Office, and a political-science academic from Universitas Syiah Kuala. Local community members who use basic public services were also included. This composition captured perspectives from the representative institution, regional government, technical agencies, academia, and service users.

Primary data were collected through direct observation and unstructured in-depth interviews. Observation was conducted in stages over seven days to examine work activities in relevant agencies and the secretariat that were connected to the research focus. Unstructured interviews were used to allow informants to explain their experiences, assessments, and perspectives flexibly rather than limiting them to predetermined response categories. Secondary data were obtained through document analysis of relevant legislation and regional statistical data concerning health services, education, and the institutional position and functions of the DPD RI. The combination of primary and secondary materials is consistent with qualitative research that uses context, actor experience, and documentary evidence to construct a comprehensive understanding of the phenomenon under study (Fadli, 2021).

The data were analyzed interactively through three main stages: data reduction or condensation, data display, and conclusion drawing and verification. First, information from interviews, observations, and documents was selected and organized according to its relevance to the two research foci and the analytical dimensions used in the study. Second, the material was presented in descriptive and thematic narratives so that recurring patterns and relationships among findings could be examined systematically. Third, conclusions were developed by assessing patterns, consistency, and relationships across the

available materials and then verifying the interpretations against the research focus. This procedure follows qualitative-data analysis principles that emphasize systematic selection, organization, presentation, and interpretation of evidence (Rijali, 2018).

At the interpretive stage, findings concerning the DPD RI's role were examined using Biddle's Role Theory, which highlights expectations, behaviour, position, and social interaction as central dimensions of role performance (Biddle, 1986). George C. Edwards III's policy implementation framework was then used as a complementary lens to analyze factors affecting the follow-up of public aspirations and policy recommendations (Edwards III, 1980). The two frameworks were applied in combination: Role Theory explains how the DPD RI performs its representative function, whereas the implementation perspective helps explain why representative outputs are, or are not, translated into policy follow-up. The analysis therefore addresses two questions: how the DPD RI performs and how effective its role is in advancing health and education services in Aceh, and what factors constrain that role.

RESULTS AND DISCUSSION

The findings show that the DPD RI Representative Office for Aceh Province performs its representative function through the collection of public aspirations, working visits, oversight, communication with the regional government and technical agencies, and the submission of recommendations to institutions with implementation authority. However, these activities do not consistently establish a clear causal connection with improvements in health and education services on the ground. The central issue is therefore not the absence of institutional activity, but the distance between formal representation and policy impact. The findings, derived from the interview, observation, and documentary materials described in the Methods section, are interpreted at two analytical levels. The first examines how the DPD RI's role is performed through expectations, behaviour, position, and social interaction, following Biddle (1986). The second explains why collected aspirations and recommendations do not always progress to implementation, using Edwards III's (1980) dimensions of communication, resources, disposition, and bureaucratic structure. This layered analysis is important because public-service quality depends not only on frontline service providers but also on the governance capacity to connect citizen needs, policy processes, inter-institutional coordination, and accountability for results (Maryam, 2016; Rohayatin et al., 2017).

The DPD RI as a Territorial Representative in Basic Services

In the expectation dimension, the study identified strong public expectations that the DPD RI should function not merely as a channel for complaints but as an institutional bridge capable of bringing Aceh's education and health-service needs to the national level. These expectations were particularly evident for problems that cannot easily be addressed by regional capacity alone, including the equitable distribution of health personnel, the availability of specialist physicians and referral facilities, teacher distribution, educational infrastructure, and services for inland and island communities. Theoretically, expectations are a central component of role formation because institutional actors are evaluated not only on the basis of formal mandates but also according to what society expects them to accomplish (Biddle, 1986). In the case of the DPD RI, these expectations are amplified by its symbolic position as the representative of regional interests within the national constitutional structure. The first source of the role gap is therefore the imbalance between high social expectations and the institution's limited final decision-making authority.

In the behaviour dimension, the data show that the DPD RI has undertaken activities administratively consistent with its representative function, including collecting aspirations during recess periods, conducting working visits, communicating with the Aceh Government and relevant agencies, and preparing recommendations for ministries or other competent institutions. These activities demonstrate that representation is not merely formal or symbolic. Nevertheless, representative behaviour remains concentrated primarily at the policy-input stage: receiving aspirations, documenting problems, and transmitting recommendations. The subsequent stages - ensuring an official response, securing entry into policy agendas, obtaining programmatic or budgetary support, and evaluating results - have not developed equally strong mechanisms. In other words, the representative function is active, but systematic stewardship of representative outcomes has not yet been fully institutionalized.

This finding is consistent with public-service literature emphasizing that administrative activity is not synonymous with service effectiveness. Kurniawan (2016) highlights innovation and results orientation as essential to improving local-government service quality, while Suhartoyo (2019) emphasizes procedural certainty, coordination, and institutional responsibility in public-service delivery. The present study extends these arguments to territorial representation. The DPD RI's performance should not be evaluated only by the volume of aspirations received or recommendation documents produced, but by whether a traceable follow-up path exists, which institutions respond, what decisions are taken, and whether the problems identified by citizens are reflected in changes in access or service quality. Shifting evaluation from administrative output to policy outcome is therefore necessary if territorial representation is to add substantive value to public services.

The position dimension reveals a more fundamental institutional paradox. The DPD RI has constitutional status as a state institution and representative of regional interests, yet it does not possess executive authority to implement health or education programs. Nor does it occupy the same position as executive institutions in determining technical service delivery. Its influence is therefore mediating rather than directly executive: the DPD RI can articulate interests, provide considerations, conduct oversight, and exert institutional pressure, but program implementation remains dependent on ministries, regional governments, technical agencies, and planning and budgeting processes. Consequently, weak direct impact should not be interpreted solely as the failure of individual DPD RI members. Part of the problem derives from an institutional design that assigns the DPD RI a representative role while providing only limited implementation capacity.

In the social-interaction dimension, the study identified relationships among the DPD RI, the Aceh Government, Bappeda, the Education Office, the Health Office, academics, and the community. Such interaction is an important institutional asset because basic-service problems cut across sectors and levels of government. However, the data also indicate that interaction tends to intensify around particular moments - especially recess periods, visits, or formal institutional agendas - and does not always develop into a continuous follow-up forum. This pattern creates a risk that information will be lost between the collection of aspirations and subsequent implementation. If coordination is strong when aspirations are gathered but weakens after recommendations enter the implementing bureaucracy, inter-institutional relations may generate document circulation without certainty of resolution.

Taken together, the four dimensions indicate that the principal problem with the DPD RI's role in Aceh is not an absence of activity, but a lack of alignment among expectations, behaviour, position, and interaction. Citizens expect concrete impact; the DPD RI conducts representative activities; its institutional position limits implementation authority; and inter-institutional interaction does not consistently continue until problems are resolved. Analytically, this constitutes a role-performance gap: a distance between the role expected of an actor and the results that can actually be achieved within a constraining institutional structure. This finding differentiates the present study from approaches that ask only whether the DPD RI has formally performed its duties. The more important question is how formal representative functions can be converted into mechanisms of measurable influence over basic-service policy.

Table 1 Synthesis of Findings on the DPD RI's Role Based on Role Theory

Dimension	Empirical Finding	Analytical Meaning
Expectations	Citizens expect the DPD RI to bring Aceh's basic-service problems to the national level and encourage concrete resolution.	Social expectations exceed the DPD RI's formal implementation capacity.
Behaviour	Aspiration collection, recess activities, working visits, cross-institutional communication, and recommendations have been undertaken.	Activity is strong at the policy-input stage, but stewardship of outcomes remains weaker.
Position	The DPD RI has legitimacy as a territorial representative but lacks technical authority to implement service programs.	Its influence is mediating and depends on executive responses and planning processes.
Social interaction	Relationships with regional government, agencies, academics, and communities exist but tend to intensify around particular institutional moments.	Sustained coordination and follow-up tracking mechanisms are required.

Table 1 shows that the four role dimensions are interdependent and cannot be evaluated separately. High expectations without sufficient institutional position can generate public frustration; institutional activity without follow-up can become administrative routine; and discontinuous interaction can weaken the force of recommendations. The effectiveness of the DPD RI in basic services should

therefore be assessed in terms of its ability to manage the connections among these dimensions. This interpretation shifts the analytical question from 'Does the DPD RI work?' to the more consequential question, 'How does representative work generate traceable policy change?'

From Aspiration Collection to Policy Impact

The findings indicate that the critical stage in the DPD RI's representative role begins after aspirations have been collected. Aspiration collection is the entry point to representation, but it does not automatically ensure that a problem will become a planning priority or receive a decision from the competent institution. In health and education, follow-up pathways are particularly complex because a single problem may involve regency or municipal governments, the Aceh Government, national ministries, or sector-specific national policies. DPD RI recommendations therefore pass through multiple decision points, each of which may strengthen, delay, modify, or terminate a proposal. Representative effectiveness consequently depends on the Council's capacity to maintain continuity of information and institutional pressure throughout this decision chain.

The study further found that recommendations arising from recess activities or institutional communication are not always accompanied by a feedback system through which citizens can determine the status of their aspirations. The absence of consistent tracking has two consequences. First, the DPD RI has difficulty demonstrating the extent to which its recommendations have influenced particular decisions. Second, citizens may come to view aspiration-collection activities as repetitive rituals when information on results and follow-up constraints is unavailable. In public-service governance, process transparency is as important as the final outcome because citizens need to know who is responsible, at what stage a request is being processed, and why a proposal has been accepted, delayed, or not implemented. Maryam (2016) links public services to good-governance principles, while Riani (2021) emphasizes responsive and user-oriented governance as part of service improvement. These perspectives reinforce the importance of feedback mechanisms within representative processes.

Not every aspiration can be translated directly into a program. Some health and education needs require data validation, clarification of authority, alignment with technical standards, and fiscal support. Accordingly, following up aspirations cannot consist merely of forwarding or restating citizens' demands. The DPD RI also needs an aggregation function that groups issues according to urgency, jurisdiction, territory, beneficiary groups, budgetary needs, and the institution responsible for action. A teacher-shortage issue, for example, has a different policy character from the need to construct educational facilities; similarly, a shortage of specialist physicians requires a different response from problems of physical access to health facilities. Without effective aggregation, aspirations risk remaining a list of needs rather than becoming policy-ready agenda items.

This finding can be situated within the broader problem of decentralized service delivery in Indonesia. Lewis (2017) shows that substantial fiscal resources at the local-government level do not automatically improve services when governance quality and institutional incentives are inadequate. Additional budgets or programs are therefore insufficient by themselves; the critical issue is whether resources are converted into effective service delivery. In Aceh, this means that the DPD RI's role should not end with advocating additional central-government programs. Its representative and oversight functions should also be used to examine whether the needs it has advocated actually enter planning priorities, are implemented, and address the service inequalities that generated the original aspirations.

On the basis of these findings, this study formulates a five-stage representation-to-impact chain: aspiration collection; problem aggregation and verification; identification of the appropriate jurisdictional pathway; stewardship of follow-up; and evaluation of outcomes with feedback to the community. This chain is an analytical model derived from the gaps identified in the field rather than a formal procedure that is already fully implemented. Its value lies in explaining why aspiration collection can be visibly active while policy impact remains weak. Failure at any stage can disconnect representation from service outcomes. Aspirations collected without aggregation are difficult to prioritize; recommendations made without identifying the appropriate authority may be misdirected; and follow-up without evaluation does not generate institutional learning.

Digitalization can strengthen this chain when it is designed as accountability infrastructure. Research on e-government in Indonesia shows that technology can improve efficiency and access, but

its success depends on organizational capacity, process integration, information quality, and user readiness (Nugraha, 2018; Atthahara, 2018; Tasyah et al., 2021). The same principle applies to aspiration management. A digital platform that merely receives complaints creates a new channel without resolving the underlying governance problem. By contrast, a system that records case numbers, issue classifications, destination institutions, follow-up status, response documents, and final outcomes can transform aspirations into traceable institutional data. Flowerensia and Reviandani's (2025) findings on electronic administration similarly show that technology requires adequate organizational coordination. Thus, the digitalization proposed in this study is not simply the addition of another application; it is a traceability mechanism intended to strengthen both political and administrative follow-up.

Barriers from a Policy Implementation Perspective

When the identified barriers are interpreted through Edwards III's (1980) framework, the DPD RI's constraints can be mapped more systematically onto communication, resources, disposition, and bureaucratic structure. This mapping is important because the four recurring problems in the field - limited authority, suboptimal coordination, weak follow-up, and geographic complexity - are interdependent. Limited authority primarily affects institutional resources; weak coordination is closely linked to communication; delayed follow-up reflects a combination of communication, disposition, and bureaucratic structure; and Aceh's geography is a contextual condition that intensifies resource and coordination requirements. The implementation framework is therefore used not mechanically, but as a tool for explaining the relationships among the constraints identified in the data.

First, in the communication dimension, inter-institutional relationships exist but do not always produce a consistent flow of information from aspiration collection to problem resolution. Communication in policy implementation involves not only transmitting a message but also ensuring clarity, consistency, identification of responsible actors, and continuity of feedback. The finding that recommendations may stop at the administrative stage indicates a transmission problem: aspirations are communicated, but follow-up status does not always return to the DPD RI and the community in a verifiable form. In a multi-agency bureaucracy, such information loss can occur when standards for cross-institutional communication and documentation are absent or weak.

Second, in the resource dimension, limited constitutional authority is the most fundamental constraint. The DPD RI has legitimacy to represent regional interests, but it lacks the executive instruments available to ministries or regional governments for directly implementing programs. From an implementation perspective, authority itself can be understood as an institutional resource because actors without sufficient authority cannot compel implementation directly. The DPD RI's influence therefore depends heavily on non-executive resources: data quality, political legitimacy, access to decision-makers, coalition-building capacity, secretariat capacity, and consistent oversight. Formal limitations must be compensated for by strengthening these resources if recommendations are to move beyond symbolic representation.

Resources also concern the capacity of institutions that receive DPD RI recommendations. Regional governments and technical agencies face limitations in budgets, professional personnel, infrastructure, and territorial coverage. In health, the distribution of personnel and facilities cannot be resolved through communication alone; in education, equitable teacher placement and infrastructure provision likewise depend on personnel availability, financing, and distribution governance. Indonesia's national health profile continues to identify the availability and equitable distribution of health resources as an important health-system agenda (Kementerian Kesehatan Republik Indonesia, 2024). Aceh's statistical data also demonstrate interregional variation in social conditions and services, reinforcing the need for needs-based allocation (Badan Pusat Statistik Provinsi Aceh, 2025). DPD RI recommendations would therefore be more operational if they were accompanied by evidence-based resource mapping rather than by problem statements alone.

Third, disposition concerns the willingness of actors to follow up policies or recommendations. The data do not provide a basis for concluding that particular institutions openly rejected DPD RI recommendations; the disposition dimension must therefore be interpreted cautiously. Nevertheless, the tendency for interaction to be episodic, follow-up to be slow, and sectoral interests to remain influential suggests that institutional commitment is not always sustained throughout the process. Disposition in this context is not simply a matter of individual attitude but also of organizational priority. An institution

may recognize the importance of a public aspiration yet still delay action when the issue is outside its program priorities, lacks budgetary support, or does not align with its performance indicators. The DPD RI therefore needs to convert recommendations into issues that create institutional incentives for response, for example through periodic evaluation forums, publication of follow-up status, and linkage to formal oversight agendas.

Fourth, bureaucratic structure becomes a constraint when overlapping divisions of authority make the resolution process excessively long. Health and education issues may fall under different levels of government depending on the type of service, meaning that a single aspiration cannot necessarily be addressed by one institution. This fragmentation forces recommendations to pass through multiple institutional gates and can reduce their urgency over time. In public-service delivery, overly procedural structures without integration can undermine both speed and certainty. Indonesian studies of public-service innovation similarly show that service improvement requires process simplification, integration, and a results orientation (Kurniawan, 2016; Suhartoyo, 2019). The present study extends this argument to the representative sphere: not only citizen-facing service procedures, but also inter-institutional procedures for following up public aspirations, require integration.

Taken together, Edwards III's four variables show that the barriers cannot be resolved through a single intervention. Better communication without stronger resources may produce coordination that cannot be implemented; additional resources without structural reform may leave programs trapped in procedure; a digital system without organizational commitment may become little more than a data repository; and commitment without clear authority may result in promises without mechanisms. Strengthening the DPD RI's role therefore requires a systemic strategy. The emphasis should not be on increasing the number of recess activities or expanding aspiration channels alone, but on building a follow-up architecture that connects information, actors, authority, resources, timelines, and accountability.

These findings also explain why a public-service paradigm focused too narrowly on frontline interactions is insufficient in this case. The quality of health and education services in Aceh is partly determined by upstream processes: workforce planning, facility allocation, distribution of authority, central-regional coordination, and cross-institutional decision-making. The DPD RI operates primarily in this upstream space. Its contribution should therefore be assessed through indicators appropriate to that role, such as the number of regional issues receiving a policy response, the proportion of recommendations followed up, institutional response time, successful incorporation of regional needs into program agendas, and public accessibility of follow-up status. Such indicators are more realistic than holding the DPD RI directly responsible for service outputs that remain within executive authority.

Aceh's Geographic Complexity and the Need for an Asymmetric Approach

Aceh's geographic complexity functions as a contextual factor that intensifies all implementation barriers. The province includes urban, inland, mountainous, coastal, and island areas with substantial variation in accessibility. In basic-service delivery, geography is not merely a background condition; it affects service costs, personnel distribution, referral speed, oversight, and citizens' ability to reach facilities. Identical service standards therefore do not necessarily produce equal levels of access. Regional statistics show variation in social and development indicators across regencies and municipalities, implying different intervention needs (Badan Pusat Statistik Provinsi Aceh, 2025). Field findings concerning shortages of teachers and health personnel in particular areas further support the need to interpret service problems through a territorial-inequality perspective.

For the DPD RI, the implication is a need to shift from general aggregation toward evidence-based and territory-sensitive representation. When all aspirations are summarized as province-wide issues, the needs of areas facing the greatest access barriers risk being obscured by problems that are more visible or easier to articulate. Mapping aspirations by regency or municipality, service type, urgency, access distance, vulnerable group, and responsible institution would provide a stronger evidentiary basis for advocacy. The DPD RI has a comparative institutional advantage as a territorial representative because it can frame such inequalities as questions of central-regional relations rather than as purely technical problems belonging to a single agency.

An asymmetric approach does not imply abandoning national standards; rather, it means adapting the means of achieving those standards to territorial conditions. In health, island and inland areas may require different arrangements for workforce distribution, referrals, transportation, and

technological support than urban areas. In education, teacher placement, facilities, and supporting services likewise cannot be completely standardized across territories. Public-service literature emphasizes that effectiveness depends on the fit between service design and user needs (Rukayat, 2017; Riani, 2021). In Aceh, that fit has a pronounced geographic dimension.

The findings also explain why coordination between the DPD RI and Bappeda is strategically important. Bappeda occupies a central position in integrated regional planning, while technical agencies possess sectoral data and operational knowledge. The DPD RI can use both sources to strengthen evidence-based representation. Community aspirations and bureaucratic data should not be treated as competing sources of knowledge; they are complementary. Aspirations reveal citizens' experiences and needs, while planning data help estimate the scale, location, financing capacity, and policy alternatives associated with a problem. Combining these forms of information would make DPD RI recommendations easier to translate into the language of planning and programs.

The Aceh context therefore shows that the effectiveness of territorial representation is determined not only by institutional strength but also by an institution's capacity to understand spatial variation. The DPD RI can strengthen its relevance by translating geographic differences into concrete policy arguments: which areas are underserved, which services face the greatest constraints, why routine mechanisms are insufficient, and what forms of central-government support are required. This role is consistent with the DPD RI's territorial representative character because its task is not to replace regional government, but to ensure that differences in regional capacity and need are recognized in national decision-making.

Synthesis of Findings, Novelty, and Implications for Strengthening the DPD RI

The overall findings demonstrate a representation-to-impact gap. The DPD RI performs representation procedurally, but the relationship between representative activities and service change cannot always be traced consistently. This gap is produced by the interaction of limited formal authority, discontinuous cross-institutional communication, resource and implementation-capacity constraints, differing organizational priorities, bureaucratic fragmentation, and Aceh's geographic complexity. Weak impact therefore cannot be attributed to a single variable; it is an institutional and processual problem.

The study's principal novelty lies in integrating role and implementation perspectives to explain how aspirations travel from representation toward service outcomes. Public-service studies commonly focus on service providers, procedural quality, innovation, and user satisfaction (Enggarani, 2016; Kurniawan, 2016; Rukayat, 2017), while e-government scholarship emphasizes technology and organizational readiness (Nugraha, 2018; Atthahara, 2018; Tasyah et al., 2021). By contrast, this study positions a territorial representative institution as an intermediary actor operating between citizens and the executive. This intermediary space is often underexamined: how citizens' needs become policy agendas, how those agendas are assigned to institutions with authority, and how follow-up is traced until information returns to the public. In this sense, the study extends earlier service-delivery and digital-governance research by locating accountability in the representative-to-implementation interface.

A further analytical contribution is the distinction between representative outputs and representative outcomes. Representative outputs include recess activities, meetings, visits, aspiration documents, and recommendations. Representative outcomes refer to changes occurring after those activities, such as official institutional responses, inclusion of issues in programs or planning, policy changes, budgetary support, or resolution of service problems. This distinction matters because representative institutions can document outputs more easily than outcomes. Without it, performance assessment may become preoccupied with activity counts while citizens evaluate representation according to whether problems are resolved. Suranto et al.'s (2025) finding that DPD RI member performance is related to public satisfaction is therefore particularly relevant: public perceptions are likely shaped more by experienced results than by the intensity of institutional activity alone.

CONCLUSION

The DPD RI Representative Office for Aceh Province has performed a territorial representative role in health and education by collecting public aspirations, conducting working visits and oversight, communicating with regional government and technical agencies, and submitting recommendations to

competent institutions. Its effectiveness, however, remains limited when evaluated in terms of service changes experienced by citizens. Biddle's Role Theory reveals an imbalance between high public expectations, relatively active institutional behaviour, a constitutionally significant but non-executive institutional position, and cross-institutional interaction that does not consistently continue until problems are resolved. The result is a representation-to-impact gap in which representative outputs - recess activities, visits, aspiration documents, and recommendations - do not consistently become policy outcomes such as decisions, programs, budget allocations, or measurable service improvements.

From Edwards III's policy implementation perspective, this gap is associated with unstructured follow-up communication, constrained resources and implementation authority, differences in institutional disposition or commitment, and fragmented bureaucratic structures. Aceh's geographic complexity magnifies these barriers because service needs in urban, inland, mountainous, coastal, and island areas cannot be addressed through uniform representative or policy interventions. The study's central contribution is therefore to locate the effectiveness of the DPD RI in its ability to steward the entire representation-to-impact chain rather than in the intensity of its institutional activities alone.

The DPD RI Representative Office for Aceh Province should establish a permanent post-aspiration follow-up mechanism with Bappeda, the Aceh Health Office, the Aceh Education Office, and relevant ministries. Priority aspirations should be recorded in a follow-up matrix specifying the issue, territory, responsible institution, target, timeline, and resolution status, supported by a digital system for tracking progress and providing public feedback. Evidence-based territorial representation should also be strengthened through mapping of service inequalities and post-recess evaluation so that recommendations become more measurable and can be integrated into planning and budgeting. These measures would maximize representative, oversight, and policy-stewardship functions without exceeding the DPD RI's constitutional authority.

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