



Organizational Support and PPK Competence in Repeat Order Implementation Through Performance Evaluation Quality

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Abstract

Background: Repeat Order can shorten public procurement processes, but its effectiveness depends on reliable provider performance evaluation and the organizational conditions under which Commitment-Making Officers (*Pejabat Pembuat Komitmen/PPK*) work. Evidence on performance evaluation quality as a mediating mechanism remains limited in Indonesian local government procurement.

Objective: This study examines the associations of organizational support and PPK competence with the effectiveness of Repeat Order implementation, with provider performance evaluation quality as a mediator.

Methods: A quantitative cross-sectional explanatory design was applied to questionnaire responses from 220 PPKs selected purposively from Regional Government Organizations in East Kutai Regency, Indonesia. The measurement and structural models, including indirect effects, were evaluated using PLS-SEM in WarpPLS 8.0.

Results: Organizational support was positively associated with implementation effectiveness ($\beta = 0.440$, $p < 0.001$) and performance evaluation quality ($\beta = 0.578$, $p < 0.001$). PPK competence was positively associated with implementation effectiveness ($\beta = 0.313$, $p < 0.001$), but not with performance evaluation quality ($\beta = -0.102$, $p = 0.063$). Performance evaluation quality was positively associated with implementation effectiveness ($\beta = 0.447$, $p < 0.001$). The indirect effect through performance evaluation quality was significant for organizational support ($\beta = 0.259$, $p < 0.001$) but not for PPK competence ($\beta = -0.046$, $p = 0.168$).

Conclusion: Organizational support is directly associated with Repeat Order implementation and operates through performance evaluation quality, whereas PPK competence shows only a direct association. Strengthening procedures, information systems, training, and supervision can help PPKs produce more objective and accountable provider evaluations.

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INTRODUCTION

Public procurement has become one of the most strategic instruments for governments to achieve efficient public spending, improve service delivery, and stimulate sustainable economic development (Rubel et al., 2023). Beyond merely purchasing goods and services, public procurement now functions as a policy instrument capable of promoting innovation, increasing transparency, and accelerating infrastructure development (Masudin et al., 2021). Consequently, procurement systems are expected not only to comply with legal and administrative requirements but also to produce measurable performance outcomes that support organizational effectiveness (Mebrate & Shumet, 2024).

In Indonesia, the importance of public procurement is reflected in the substantial allocation of procurement expenditures each year. The National Public Procurement Agency (LKPP) reported that the national procurement budget exceeded IDR 1,259 trillion in 2024, indicating the government's increasing reliance on procurement activities to support national and regional development programs. This enormous procurement volume simultaneously increases the demand for procurement systems that are efficient, transparent, accountable, and capable of minimizing administrative delays while maintaining public accountability ([Lembaga Kebijakan Pengadaan Barang/Jasa Pemerintah \(LKPP\), 2024](#)).

The legal basis for Repeat Order is Indonesia's government-procurement framework under Presidential Regulation No. 16 of 2018, as amended most recently by Presidential Regulation No. 46 of 2025. Within this framework, Repeat Order refers operationally to procuring comparable goods or services again from the same provider on the basis of satisfactory documented performance, subject to the applicable procurement method and requirements. In this study, its effectiveness means the extent to which implementation achieves timeliness, cost efficiency, regulatory compliance, procurement quality, and procurement objectives. Because continued use of a provider depends on prior performance information, objective, accurate, consistent, transparent, and accountable evaluation is central to defensible Repeat Order decisions ([Republic of Indonesia, 2025](#)).

The study distinguishes the Commitment-Making Officer (Pejabat Pembuat Komitmen/PPK) from a Procurement Official. A Procurement Official performs designated provider-selection or procurement-transaction functions, whereas the PPK establishes and controls contractual commitments and evaluates provider performance within the scope of assigned authority. Accordingly, the unit examined here is the PPK, and "PPK competence" consistently denotes the knowledge, technical and managerial skills, decision-making ability, and professional integrity required for those responsibilities. Under the Resource-Based View (RBV), this competence is an organizational resource that can support effective procurement decisions when it is mobilized through appropriate systems and routines ([Efobi et al., 2022](#); [Jaffu & Changalima, 2023](#)).

PPK competence alone may not be sufficient to support consistent procurement outcomes. Perceived Organizational Support (POS) theory explains how training, managerial assistance, clear procedures, and adequate resources enable personnel to apply their capabilities, while the RBV explains why those individual capabilities must be organized into institutional routines. Integrated in one theoretical flow, organizational support enables PPK competence to be translated into higher-quality provider performance evaluation, which in turn supplies accountable information for Repeat Order decisions ([Eisenberger et al., 2020](#); [Muchlish, 2020](#)). POS is used throughout this manuscript to mean Perceived Organizational Support, not the Process–Outcome–Structure framework.

East Kutai Regency was selected because its Regional Government Organizations constitute a directly relevant local-government setting in which PPKs implement public procurement and evaluate providers under the national regulatory framework. The location therefore aligns the unit of analysis, the respondent role, and the policy mechanism examined. The setting also allows the study to assess how organizational support and PPK competence are associated with evaluation quality and Repeat Order implementation across OPDs within one administrative system; conclusions are consequently bounded to this context rather than generalized to all Indonesian governments.

Previous studies identify organizational conditions and human-resource competence as important correlates of public procurement performance. Lo et al. ([2024](#)) show that organizational conditions can support service quality and personnel performance through work-related mechanisms. Mwangi ([2025](#)) identifies procurement staff competence—technical expertise, regulatory knowledge, and managerial capability—as important for accountable decision-making. Mrope ([2023](#)) likewise indicates that human-resource competence and organizational arrangements contribute to procurement performance. However, these studies do not establish whether provider performance evaluation quality explains how organizational support or PPK competence is associated with Repeat Order implementation in Indonesian local government.

The research gap is therefore threefold. Contextually, evidence specific to Repeat Order

implementation in Indonesian local government remains limited. Mechanistically, provider performance evaluation quality has rarely been tested as the intervening governance process between organizational resources and implementation effectiveness. Theoretically, prior work commonly treats organizational support and competence separately, leaving unclear how POS theory and the RBV jointly explain the conversion of support and capability into evaluation quality and implementation outcomes. This study addresses these gaps by testing direct and indirect associations among organizational support, PPK competence, provider performance evaluation quality, and Repeat Order implementation effectiveness.

Accordingly, the study contributes an integrated POS–RBV explanation in which organizational support enables individual competence, provider performance evaluation quality functions as the governance mechanism, and Repeat Order implementation effectiveness is the policy outcome. Practically, the model identifies whether improvement priorities should emphasize PPK capability, organizational systems, evaluation practices, or their combination. Because the design is cross-sectional, the tested paths are interpreted as statistical associations rather than temporal causal effects.

METHOD

This study employed a quantitative cross-sectional explanatory design to examine statistical associations among organizational support (X1), PPK competence (X2), provider performance evaluation quality (M), and the effectiveness of Repeat Order implementation (Y). The study was conducted in Regional Government Organizations (OPDs) in East Kutai Regency, Indonesia. Organizational support and PPK competence were specified as exogenous constructs, performance evaluation quality as the mediator, and implementation effectiveness as the endogenous construct. The cross-sectional design estimates relationships observed in one data-collection wave and is not presented as establishing causality.

The population comprised all Commitment-Making Officers (PPKs) serving in Regional Government Organizations (OPDs) in East Kutai Regency. Purposive sampling was used to select respondents who had experience serving as PPKs and were directly involved in public procurement activities. A total of 220 respondents participated in the study. These criteria ensured that the respondents had the relevant experience required to assess organizational support, PPK competence, provider performance evaluation quality, and the effectiveness of Repeat Order implementation.

Data were collected using a structured questionnaire administered to the selected PPKs. Responses were measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Organizational support was measured through management support, training opportunities, organizational resources, standard operating procedures, and recognition. PPK competence was measured through regulatory knowledge, technical and managerial skills, decision-making ability, and professional integrity. Provider performance evaluation quality was measured through objectivity, accuracy, consistency, transparency, and accountability, while Repeat Order implementation effectiveness was measured through timeliness, cost efficiency, regulatory compliance, procurement quality, and the achievement of procurement objectives. The indicators were adapted from the sources and regulations presented in Table 1 and contextualized to the PPK and Repeat Order setting.

Table 1
Measurement Scale

Variable	Operational Definition	Indicators	Source of Adaptation
Organizational Support (X1)	The extent to which Commitment-Making Officers (PPKs) perceive that their organization values their contributions and provides adequate support for performing procurement-related	(1) Management support; (2) Training opportunities; (3) Availability of organizational resources; (4) Clarity of standard operating procedures (SOPs); (5)	(Eisenberger et al., 1986; Prabowo & Riyanto, 2023).

Variable	Operational Definition	Indicators	Source of Adaptation
	duties.	Recognition of employee performance.	
PPK Competence (X2)	The knowledge, skills, abilities, and professional attributes of Commitment-Making Officers required to effectively manage public procurement processes in accordance with applicable regulations.	(1) Procurement regulatory knowledge; (2) Technical procurement skills; (3) Managerial capability; (4) Decision-making ability; (5) Professional integrity.	(Mrope, 2023; Sihombing & Saleh, 2023).
Performance Evaluation Quality (M)	The degree to which supplier performance evaluations are conducted objectively, accurately, consistently, and accountably as a basis for procurement decision-making.	(1) Objectivity; (2) Accuracy; (3) Consistency; (4) Transparency; (5) Accountability.	(Aguinis et al., 2023; Mensah, 2022)
Effectiveness of Repeat Order Policy Implementation (Y)	The extent to which the implementation of the Repeat Order policy achieves procurement objectives in terms of efficiency, compliance, and procurement outcomes.	(1) Timeliness; (2) Cost efficiency; (3) Regulatory compliance; (4) Procurement quality; (5) Achievement of procurement objectives.	(Essig et al., 2024); Presidential Regulation No. 16 of 2018 and its amendments.

Data were analyzed using PLS-SEM in WarpPLS 8.0. The software was used because the study estimates a prediction-oriented model with direct and indirect paths and does not require multivariate normality. The measurement model was assessed using indicator loadings, average variance extracted (AVE), Cronbach's alpha, composite reliability, and discriminant validity. The inner model was evaluated using path coefficients and their p-values, R^2 and adjusted R^2 for explained variance, Q^2 for predictive relevance, f^2 for effect size, and collinearity diagnostics. AVIF assesses average collinearity among predictor blocks, whereas AFVIF assesses full collinearity across latent variables and can signal vertical or lateral collinearity. APC and ARS were treated as model-level diagnostics. The Tenenhaus GoF was reported only as a descriptive index and not as proof of global model fit. Indirect effects were computed through the product of the constituent paths and evaluated using the resampling-based p-values reported by WarpPLS; mediation was supported when the indirect effect was statistically significant at $p < 0.05$.

RESULTS AND DISCUSSION

Results

Model Fit

Table 2

Model Fit Evaluation Results

Indicator	Value	Recommended Criterion	Decision
APC (Average Path Coefficient)	0.376 ($p < 0.001$)	$p < 0.05$	Accepted
ARS (Average R-Squared)	0.498 ($p < 0.001$)	$p < 0.05$	Accepted
AARS (Average Adjusted R-Squared)	0.492 ($p < 0.001$)	$p < 0.05$	Accepted

Indicator	Value	Recommended Criterion	Decision
AVIF (Average Block VIF)	1.089	≤ 5 , ideal ≤ 3.3	Accepted
AFVIF (Average Full Collinearity VIF)	1.888	≤ 5 , ideal ≤ 3.3	Accepted
GoF (Tenenhaus Goodness of Fit)	0.644	> 0.36 (Large)	Good
SPR (Simpson's Paradox Ratio)	1.000	≥ 0.70	Accepted
RSCR (R-squared Contribution Ratio)	1.000	≥ 0.90	Accepted
SSR (Statistical Suppression Ratio)	1.000	≥ 0.70	Accepted
NLBCDR (Nonlinear Bivariate Causality Direction Ratio)	0.800	≥ 0.70	Accepted

The model-level diagnostics in Table 2 satisfy the stated WarpPLS criteria. APC (0.376, $p < 0.001$) summarizes the average magnitude and significance of the specified paths, while ARS (0.498, $p < 0.001$) summarizes average explained variance. AVIF (1.089) is below 3.3 and indicates low average collinearity among predictor blocks; AFVIF (1.888) is also below 3.3 and indicates low full collinearity across latent variables. The GoF value of 0.644 is reported as a descriptive index of average communality and explained variance, not as conclusive evidence of global fit. SPR, RSCR, SSR, and NLBCDR meet their stated thresholds, supporting continuation to the measurement- and structural-model assessments.

Outer Model

Table 3

Convergent Validity Results

Variable	Indicator	Outer Loading	p-value	Results
Organizational Support (X1)	X1.1	0.906	<0.001	Valid
	X1.2	0.963	<0.001	Valid
	X1.3	0.941	<0.001	Valid
	X1.4	0.951	<0.001	Valid
	X1.5	0.926	<0.001	Valid
PPK Competence (X2)	X2.1	0.912	<0.001	Valid
	X2.2	0.873	<0.001	Valid
	X2.3	0.911	<0.001	Valid
	X2.4	0.683	<0.001	Valid
	X2.5	0.718	<0.001	Valid
Performance Evaluation Quality (M)	M1	0.923	<0.001	Valid
	M2	0.895	<0.001	Valid
	M3	0.813	<0.001	Valid
Effectiveness of Repeat Order Policy Implementation (Y)	Y1	1.000	<0.001	Valid
	Y2	1.000	<0.001	Valid
	Y3	1.000	<0.001	Valid

Based on Table 3, all indicators have outer loadings above 0.70 except X2.4 (0.683). X2.4 was retained because its loading is close to the threshold and statistically significant ($p < 0.001$), while the construct-level reliability and AVE criteria remain satisfied. Therefore, all indicator measurements satisfy the convergent-validity criteria adopted for the subsequent analyses.

Table 4
Reliability and Validity Results

Variable	Cronbach's Alpha	Composite Reliability	AVE	Decision
Organizational Support (X1)	0.965	0.973	0.879	Reliable and Valid
PPK Competence (X2)	0.879	0.913	0.681	Reliable and Valid
Performance Evaluation Quality (M)	0.850	0.910	0.771	Reliable and Valid
Effectiveness of Repeat Order Policy Implementation (Y)	1.000	1.000	1.000	Reliable and Valid

The reliability test results presented in Table 4 indicate that all constructs have Cronbach's Alpha values above 0.70 and Composite Reliability values exceeding 0.70, demonstrating satisfactory internal consistency. Furthermore, the Average Variance Extracted (AVE) for each construct is above the recommended threshold of 0.50, indicating that each construct explains more than 50% of the variance in its indicators. Therefore, all research constructs satisfy the requirements for internal reliability and convergent validity, confirming that the measurement instrument possesses a high level of consistency and adequate measurement quality.

Table 5
Full Collinearity VIF Results

Variable	Full Collinearity VIF	Criterion	Interpretation
Organizational Support (X1)	1.747	< 3.3	No multicollinearity
PPK Competence (X2)	1.472	< 3.3	No multicollinearity
Performance Evaluation Quality (M)	1.564	< 3.3	No multicollinearity
Effectiveness of Repeat Order Policy Implementation (Y)	2.767	< 3.3	No multicollinearity

As shown in Table 5, all variables have Full Collinearity VIF values below the recommended threshold of 3.3. The highest VIF value is observed for the Effectiveness of Repeat Order Policy Implementation (2.767), while the lowest value is found for PPK Competence (1.472). These findings indicate that the research model is free from multicollinearity among the latent constructs. Furthermore, because all Full Collinearity VIF values are below 3.3, the model also shows no indication of common method bias (CMB), suggesting that the relationships among the study variables can be interpreted with greater confidence.

Inner Model

Table 6
Coefficient of Determination (R^2)

Endogenous Variable	R^2	Adjusted R^2	Category
Performance Evaluation Quality (M)	0.357	0.351	Moderate
Effectiveness of Repeat Order Policy Implementation (Y)	0.639	0.634	Moderate-Strong

As shown in Table 6, organizational support and PPK competence explain 35.7% of the observed variance in provider performance evaluation quality ($R^2 = 0.357$; adjusted $R^2 = 0.351$). Organizational support, PPK competence, and performance evaluation quality jointly explain 63.9% of the observed variance in Repeat Order implementation effectiveness ($R^2 = 0.639$; adjusted $R^2 = 0.634$). The unexplained proportions represent variance not captured by the specified predictors and should not be attributed to particular omitted factors without further testing.

Table 7*Predictive Relevance (Q^2)*

Endogenous Variable	Q^2	Interpretation
Performance Evaluation Quality (M)	0.337	Predictive relevance
Effectiveness of Repeat Order Policy Implementation (Y)	0.938	High predictive relevance

The Q^2 values for provider performance evaluation quality (0.337) and Repeat Order implementation effectiveness (0.938) are both above zero, indicating predictive relevance within the estimated model. The larger Q^2 value for implementation effectiveness indicates stronger predictive relevance for that endogenous construct; it does not, by itself, establish out-of-sample predictive superiority.

Table 8*Effect Size (f^2)*

Relationship	Effect Size (f^2)	Category
Organizational Support → Performance Evaluation Quality	0.340	Large
PPK Competence → Performance Evaluation Quality	0.017	Small
Organizational Support → Effectiveness of Repeat Order Policy Implementation	0.268	Medium
PPK Competence → Effectiveness of Repeat Order Policy Implementation	0.153	Small–Medium
Performance Evaluation Quality → Effectiveness of Repeat Order Policy Implementation	0.217	Medium

As presented in Table 8, organizational support has a large effect size for provider performance evaluation quality ($f^2 = 0.340$), whereas PPK competence has a small effect size for that construct ($f^2 = 0.017$). For Repeat Order implementation effectiveness, organizational support ($f^2 = 0.268$) and performance evaluation quality ($f^2 = 0.217$) have medium effect sizes, while PPK competence has a small-to-medium effect size ($f^2 = 0.153$). These values describe the relative contribution of each predictor within the specified model and should be interpreted separately from statistical significance.

Hypothesis Test**Table 9***Direct Effects*

Hypothesis	Relationship	Path Coefficient (β)	p-value	Decision
H1	Organizational Support → Effectiveness of Repeat Order Policy Implementation	0.440	<0.001	Supported
H2	Organizational Support → Performance Evaluation Quality	0.578	<0.001	Supported
H3	PPK Competence → Effectiveness of Repeat Order Policy Implementation	0.313	<0.001	Supported
H4	PPK Competence → Performance Evaluation Quality	-0.102	0.063	Not Supported
H5	Performance Evaluation Quality → Effectiveness of Repeat Order Policy Implementation	0.447	<0.001	Supported

Table 9 shows significant positive associations of organizational support with Repeat Order implementation effectiveness ($\beta = 0.440$, $p < 0.001$) and provider performance evaluation quality ($\beta = 0.578$, $p < 0.001$). PPK competence is positively associated with implementation effectiveness ($\beta = 0.313$, $p < 0.001$), and performance evaluation quality is positively associated

with implementation effectiveness ($\beta = 0.447$, $p < 0.001$). The association between PPK competence and performance evaluation quality is negative but not statistically significant ($\beta = -0.102$, $p = 0.063$), so H4 is not supported. Coefficient magnitude and statistical significance are interpreted as distinct properties.

Table 10*Indirect Effects*

Hypothesis	Mediating Relationship	Indirect Effect (β)	p-value	Decision
H6	Organizational Support → Performance Evaluation Quality → Effectiveness of Repeat Order Policy Implementation	0.259	<0.001	Supported
H7	PPK Competence → Performance Evaluation Quality → Effectiveness of Repeat Order Policy Implementation	-0.046	0.168	Not Supported

Table 10 shows a positive and statistically significant indirect association between organizational support and Repeat Order implementation effectiveness through provider performance evaluation quality ($\beta = 0.259$, $p < 0.001$). Therefore, H6 is supported. Because the direct association between organizational support and implementation effectiveness also remains statistically significant, provider performance evaluation quality represents a partial mediating mechanism in the specified model.

By contrast, the indirect association between PPK competence and Repeat Order implementation effectiveness through provider performance evaluation quality is not statistically significant ($\beta = -0.046$, $p = 0.168$). Therefore, H7 is not supported. This result indicates that provider performance evaluation quality does not statistically mediate the association between PPK competence and Repeat Order implementation effectiveness in the observed sample.

Discussion***The Effect of Organizational Support on the Effectiveness of Repeat Order Policy Implementation***

Organizational support is positively associated with Repeat Order implementation effectiveness ($\beta = 0.440$, $p < 0.001$), supporting H1. POS theory helps explain why resources, training, clear procedures, information systems, and managerial assistance can enable PPKs to perform their assigned procurement responsibilities consistently. This pattern accords with studies linking organizational support to employee and service performance (Ma et al., 2024; Nguyen & Nguyen, 2023). In this procurement setting, the result indicates that implementation is supported not only by formal regulation but also by the organizational infrastructure through which PPKs apply it; local governments should therefore align training, procedures, systems, and managerial oversight rather than treat them as isolated interventions.

The Effect of Organizational Support on Performance Evaluation Quality

Organizational support is positively associated with provider performance evaluation quality ($\beta = 0.578$, $p < 0.001$), supporting H2 and representing the largest coefficient directed at the mediator. Consistent with POS theory, support provides both motivation and the practical conditions needed for objective, accurate, consistent, and accountable evaluation. This extends prior support–performance evidence by identifying provider evaluation quality as a procurement-specific outcome. Standardized criteria, accessible performance records, technical guidance, and supervisory review are therefore concrete channels through which organizational support can improve the evidentiary basis for Repeat Order decisions.

The Effect of PPK Competence on the Effectiveness of Repeat Order Policy Implementation

PPK competence is positively associated with Repeat Order implementation effectiveness ($\beta = 0.313$, $p < 0.001$), supporting H3. The RBV frames regulatory knowledge, contract-management skill, decision-making ability, and integrity as valuable resources, while prior procurement studies similarly link professional competence with procurement performance (Beske-Janssen et al., 2023; Mrope, 2023; Sihombing & Saleh, 2023). The finding does not

establish that competence alone causes effective implementation; instead, it shows that capable PPKs are better positioned within the observed setting to interpret requirements and manage Repeat Order decisions. Competency development should therefore remain connected to the procedures and controls governing its application.

The Effect of PPK Competence on Performance Evaluation Quality

PPK competence is not significantly associated with provider performance evaluation quality ($\beta = -0.102$, $p = 0.063$), so H4 is not supported. This result qualifies a simple RBV expectation: an individual resource may be valuable without being converted into a consistent organizational capability. Unlike general procurement performance, evaluation quality depends heavily on common indicators, comparable provider data, documentation rules, information systems, and review mechanisms. Thus, training or certification alone may not standardize evaluation; local governments should combine competency development with institutional arrangements that make competent judgment reproducible and auditable.

The Effect of Performance Evaluation Quality on the Effectiveness of Repeat Order Policy Implementation

Provider performance evaluation quality is positively associated with Repeat Order implementation effectiveness ($\beta = 0.447$, $p < 0.001$), supporting H5. Objective, accurate, consistent, transparent, and accountable evaluations provide a documented basis for determining whether a provider is eligible for a Repeat Order. This interpretation is consistent with previous studies emphasizing the importance of provider evaluation in procurement accountability and decision-making (Best et al., 2023; Mutangili, 2023). Practically, consistent evaluation indicators, adequate documentation, and accessible provider performance records can strengthen the evidentiary basis of Repeat Order decisions and reduce reliance on undocumented judgment.

The Mediating Role of Performance Evaluation Quality in the Relationship Between Organizational Support and the Effectiveness of Repeat Order Policy Implementation

The indirect association from organizational support to implementation effectiveness through performance evaluation quality is significant ($\beta = 0.259$, $p < 0.001$), supporting H6. Mediation here means that part of the association between organizational support and implementation effectiveness is statistically carried through improved evaluation quality; the significant direct path indicates that this is partial rather than complete mediation. This result integrates POS theory and governance logic: support supplies resources and procedures, evaluation converts them into reliable provider information, and that information supports implementation. The practical priority is therefore not support in the abstract, but support that measurably strengthens the evaluation process.

The Mediating Role of Performance Evaluation Quality in the Relationship Between PPK Competence and the Effectiveness of Repeat Order Policy Implementation

The indirect association from PPK competence to implementation effectiveness through performance evaluation quality is not significant ($\beta = -0.046$, $p = 0.168$), so H7 is not supported. In statistical terms, provider performance evaluation quality does not explain the observed direct association between PPK competence and implementation effectiveness because the competence-to-evaluation path is not significant. The contrast between H6 and H7 is the study's central contribution: evaluation quality functions as an organizationally enabled mechanism, not as an automatic product of individual competence. Local governments should consequently integrate competency programs with standardized evaluation tools, information systems, supervision, and internal control.

CONCLUSION

The findings show distinct pathways to effective Repeat Order implementation. Organizational support is positively associated with both provider performance evaluation quality and implementation effectiveness, while PPK competence is positively associated only with implementation effectiveness. Performance evaluation quality is also positively associated with implementation effectiveness and partially mediates the organizational-support pathway, but it does not mediate the PPK-competence pathway. Thus, statistical significance and coefficient magnitude are interpreted separately: the results indicate that evaluation quality is an

organizationally enabled governance mechanism rather than an automatic consequence of individual competence.

The study contributes an integrated POS–RBV explanation of how organizational support, PPK competence, and provider performance evaluation quality are associated with Repeat Order implementation effectiveness. Practically, local governments should strengthen organizational support and PPK competence while establishing consistent procedures for evaluating provider performance as the basis for Repeat Order decisions. The single-regency and cross-sectional design limits the generalizability and causal interpretation of the findings. Future research should involve multiple local governments, apply longitudinal designs, and use objective procurement records to examine whether the observed relationships remain consistent across different administrative settings.

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AUTHOR CONTRIBUTION STATEMENT

Rab Rabul Akhdar: Conceptualization, methodology, investigation, data collection, data curation, formal analysis, and writing–original draft. Imam Nazarudin Latif: Methodology, validation, supervision, interpretation of findings, and writing–revision and editing. Meiki Permana: Data curation, validation, visualization, interpretation of findings, and writing–revision and editing. All authors approved the final manuscript and are accountable for the integrity of the work.

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