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# **EVALUATION OF LOCAL GOVERNMENT INNOVATION PROGRAM**

## **(Analysis of Free Health Service Program (P2KM) in Bandarlampung)**

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### ***Abstract***

Public service innovation is a trend of public management in order to cope with the needs of people who become more responsive. This study analyzed one of the health service program in Bandar Lampung City that was adjusted to the needs of the community. Innovation of health services is done by providing access to services with simple procedures, showing only ID cards and Family Card, in order to obtain health services free of charge.

The purpose of this study is to overcome the effectiveness of free health care program (P2KM) in Bandarlampung city that has been implemented from 2015. This research includes qualitative research with interview, observation and documentation techniques. The results showed the implementation of free health care program in Bandarlampung City has been implemented effectively. This can be seen from the accuracy of program targets, the various forms of socialization that have been implemented, the realization of the program objectives and the process of the light of the program. Factors that need to be strengthened in maximizing the effectiveness of the implementation of free health care program in Bandarlampung city is the relationship between government agencies and community empowerment in orderly administration and procedures.

**Keywords: Innovation, Public Health, Program Evaluation.**

### **INTRODUCTION**

Health and medical care are of great significance for public health. Estimations indicate that health and medical care contribute several years to life expectancy. They also contribute perhaps even more to improving many people's functional ability and quality of life (Rosén & Haglund, 2001). A strong state is supported by a healthy society both physically and spiritually (Kickbusch, 2007). Therefore the government provides services to the community through the provision of medical equipment, nurses who master the field, drug equipment and complete facilities.

The issue of health is still a problem that the government can not avoid. One of them because of the poverty factor that is very big impact for public health (WHO, 2003). Many poor people who do not have the cost to get health care because the cost is very expensive. This is what makes them reluctant to seek treatment because of the cost is quite expensive (Murray, 2006). The role of government in overcoming it is through health insurance policy that is intended for the community. Having health insurance is important because coverage helps people get timely medical care and improves their lives and health (Bovbjerg & Hadley, 2007).

In Indonesia, health care is financed by both public and private sectors and is characterized by low government spending and high out of pocket (OOP) spending. Overall, total spending on health is much lower than in other countries in the region (USD 16 per person per year in 2001) due to low levels of both public and private spending (World Bank, 2002). In the public sectors, sources of funds are from the central government and the revenues of local government (Aspalter, 2017). In the following table

can be seen some public insurance scheme that has a categorization of each target.

Table 1. Comparison of Public Health Insurance Schemes

<i>Scheme</i>	<i>Mandatory</i>	<i>Beneficiaries</i>	<i>Contribution</i>	<i>Government level</i>
Askes (Asuransi Kesehatan)	Yes	Civil Servants, Armed Forces	Full Contributory	State or Province or Canton
Jamkesmas (Jaminan Kesehatan Masyarakat)	No	Means-tested Poor and Near Poor	Non Contributory	Central
Jamkesda (Jaminan Kesehatan Daerah)	No	Identified Poor Not Covered in Jamkesmas	Non Contributory	Local
Jamsostek (Jaminan Sosial Tenaga Kerja)	Yes (with opt-out option)	Private Sector Workers	Full Contributory	State or Province or Canton

Source: ILO (2014).

However, not all community groups are covered by the health insurance. The following table shows that the coverage of new health insurance covers 71.7% of the Indonesian population. The largest coverage (63.4%) is owned by government-administered insurance, while private-sector and self-managed insurance accounts for the rest (8.3%). The data shows the gap that remains to be reached by the government to ensure health for its citizens.

Table 2. Health Insurance Coverage (as of June 2013)

<i>Insurance scheme</i>	<i>Number of beneficiaries (% of total pop'n)</i>
Askes	17,960,930 (7.3%)
Jamkesmas	86,400,000 (36.3%)
Jamkesda	45,595,520 (16.8%)
Jamsostek	7,026,440 (3.0%)
Company Self-Insurance	16,923,644 (7.1%)
Commercial Insurance	2,937,627 (1.2%)
<i>Total</i>	<i>176,844,161 (71.7%)</i>

Source: Indonesia Ministry of Health (2016)

These conditions provide space for the Mayor of Bandar Lampung to make a free health insurance program through Family Card (KK) and ID Card (KTP) in Bandar Lampung City which is managed through Mayor of Bandar Lampung Mayor Regulation No. 24 year 2014 to provide relief and convenience to the poor in obtain health services without being charged since 1 January 2015. This program is intended for all people of Bandar Lampung City who do not have government or private health insurance by bringing KK and KTP cards to the nearest community service center (Puskesmas).

As an innovation program, this policy deserves appreciation because in principle it aims to expand the reach of health services. Improving service delivery is often as much a management challenge as it is a technical or financial one. Key issues in improving service delivery management include improved data management, service organization, and constituent or customer relations (LGSP, 2009). As a breakthrough, innovation programs are generally confronted with challenges and possible constraints. There are numerous barriers to innovation, including everything from becoming used to the status quo, regulatory red tape, lack of a champion, limited skills or capacity, lack of political will and organisational or community resistance (Stephenson, 2012). Therefore, this program is interesting to be analyzed more closely in order to know the effectiveness of this free health service program in serving the desired target group. In addition, analyzed also factors that become supporters or obstacles in the implementation of the free health care program. Analyzing these two formulation

issues means contributing to the improvement or development of similar innovation programs to local governments.

## LITERATURE REVIEW

Public sector innovation by OECD (2012) as implementation by public sector organizations on new or significantly improved work processes or products, including equipment used for the services. Moore (2005) suggests two different models to understand innovation in the public sector. First, on a special basis that has major implications; And the second one. This division is similar to the division between radical and incremental innovation in the innovation management literature, the former having the power to transform the second broader socio-economic system and produce the latest solutions. Furthermore, Moore presents each model on different matters, first relating to innovation that is an important innovation and process that allows it to spread; And finally, on issues such as organizational structure, financing, culture, etc.

Christian Bason, from Danish public sector innovation agency, said "public sector innovation is the process of creating new ideas and turning them into values for society" (Bason, 2010). In his view, the development of a public sector innovation ecosystem runs "through four simultaneous shifts in public sector roles creating a new solution for society: a shift from random innovation toward a conscious and systematic approach to the public sector renewal in that view is a wave of shifts toward human resource management to build innovation capacities at all levels of government A shift from simply doing tasks and projects toward designing a joint creation process, creating new solutions with people, not just for them, and ultimately, a shift from administering public organizations who dare to lead innovation across the public sector ". In summary, the literature suggests that public sector innovation can be incorporated into conceptual typologies in various ways. In addition, it is evident that innovation of its kind will have an impact on the process of innovation diversion, including the pattern of documented innovation and the methodology to be used to manage innovation.

The free health care program implemented by the City Government of Bandar Lampung is an innovation based on extrinsic motives. The extrinsic motives are related to the role of government in facing the challenges of modern society, including growing demand for responsive government (Vigoda-Gadot et al., 2008); More client-oriented and individualized public service delivery (Bowden, 2005); The direct effects of innovations that help meet different challenges (Nauta and Kasbergen, 2009). Related to the organizational culture This innovation is also a deliberate innovation. Conscious innovation is the result of a goal-driven and intended process to arrive to innovation (Nauta and Kasbergen, 2009). Regarding the challenge of the innovation, this service innovation is an innovation with minor challenges, posing a low risk to individuals or organizations (Leon, Simmonds, & Roman, 2012).

Implementation of the health service innovation becomes interesting to be evaluated because in some other areas the program is modeled, whereas program innovation may face different implementation conditions, including obstacles that occur in different environments. Evaluation activities are an important stage for the whole process of public policy analysis. This activity can provide a certain unit of value against the policy that has been implemented and also can be a new door to enter the next policy making and analysis activities (Suharno, 2008). Furthermore, according to Sinaga, evaluation can be done after the policy is implemented. At this stage must be followed by the monitoring phase so that the policy development can be known, whether the policy can be accepted by the majority of citizens or vice versa. (Sinaga, 2013). While Anderson in Winarno, put forward a policy evaluation as activities involving estimation or assessment of policies covering the substance, implementation and impact of the implementation of the policy (Winarno, 2002). From some opinions on the definition of policy evaluation above, it can be concluded that policy evaluation is a public policy activity and to assess and monitor the extent of the effectiveness of public policy. More specifically, the program of evaluation is a methodology to learn the depth and extent of need for service. Service is offered as planned and actually lecturers help people in need at a reasonable cost without unacceptable side affect (Posavac, 2015).



One of the most relevant categories of policy analysis or program implementation is effectiveness. Emerson in Handayani mention effectiveness is the measurement in the achievement of predetermined goals or objectives (Handayani, 2006). Effectiveness is a measure that gives a picture of how far the target can be achieved and it states that the effectiveness is a measure that gives a picture of how far the target set by the institution can be achieved. These are very important in each institution and are useful to see the progress and progress made by an institution (Sedarmayanti, 2006). Based on the explanation, the evaluation of the effectiveness is the achievement of a planned outcome and objectives and benchmark the extent to which a program can carry out its activities or functions so as to achieve the goals set. In other words evaluation is done to estimate unmet needs and verify that the program does provide service (Posavac, 2015).

Public service is a process consisting of a series of ordinary (but not always) intangible activities occurring in the interactions between customers and employees, services and physical resources or goods and service provider systems provided as solutions to customer problems (Tjiptono & Chandra, 2005). Meanwhile, Pohan mentioned that health care is an organizational tool to describe the quality of health services in operational technology, so that all persons involved in health services, health care support or management of health care organizations and will be accountable in performing their respective duties and roles (Imbalo, 2007). Quality health services can mean the maximum effort that healthcare workers can provide in order to meet the needs of patients to achieve a certain level of satisfaction, and provide quality health services to patients with the aim to further increase public confidence in health services implemented by a place Health services (Tando, 2005).

## **RESEARCH METHOD**

This study used a qualitative approach and carried out longitudinally in a series of implementation programs from 2015 to 2017. The focus of this research is (1). Process evaluation of the program with several indicators, namely: the accuracy of program targets, program socialization, target program and supervisory program, (2) Supporting factors and obstacles in the implementation of free health services program (P2KM) in Bandar Lampung City with 2 internal factor indicators and external. Unit of analysis in this research is public health service organization as program implementor.

Data collection was conducted at several Bandar Lampung City Public Health Centers through observation activities to the operationalization of community service programs, case resolution related to program implementation, interviews to the responsible person, executor and supervisor of the program and target of the community selected purposively and longitudinally. In the process of evaluating this process, qualitative data is qualified by documenting the process and implementation of the context of an innovation so that it can be reproduced; Discussion and periodic reflections on how things are going and how they can be improved; Check compliance with best practice / quality standards or use an expert or peer review (newcomer, Hatry, & Wholey, 2015). Data analysis techniques are conducted qualitatively through three stages: data reduction, presentation data, and decisions.

## **FINDING AND DISCUSSION**

### **A. Accuracy of Program Objectives**

The accuracy of program targets is the extent to which the program participants are predetermined. Targeting accuracy is more short-term oriented and more operational, the right target set either set individually or target set by the organization really determine the success of organizational activities. Similarly, if the target set is not appropriate then it will hinder the implementation of various activities themselves (Makmur, 2011). The accuracy of program targets can be understood as well as examining the process of meeting the needs (Posavac, 2015).

The accuracy of the target of free health service program (P2KM) in Kota Bandar Lampung can be concluded that it has reached the target accuracy, in this case the program implementation has been

able to reach the program participants that have been planned before. In accordance with the Mayor Regulation No.24 of 2014 on the Free Health Services Program (P2KM) in Bandarlampung City, this program is shown for the whole community of Bandarlampung city by bringing the original ID card requirements and legal photocopy and the prospective patient is not bound by Other health insurance.

Prior to the P2KM program, the health department had previously provided other health insurance for JAMKESDA (Jaminan Kesehatan Daerah) and changed to JAMKESKOT (City Health Insurance), but the program was only shown to people who could not afford it. Since 1 January 2015 Mayor Bandarlampung make free health program for all citizens of Bandarlampung City. Patient coverage data using this program in the following table.

**Table 3. Number of P2KM Patients at Bandarlampung City Health Center**

No	Month	Year 2015	Year 2016
1	January	16.806	30.863
2	February	26.278	32.443
3	March	32.001	34.476
4	April	32.018	34.694
5	May	30.972	31.853
6	June	31.159	27.237
7	July	25.027	23.313
8	August	30.805	31.317
9	September	30.364	25.949
10	October	20.207	30.058
11	November	28.605	30.798
12	December	27.418	27.768
	Jumlah	341.479	363.169

Source: Dinas Kesehatan Kota Bandar Lampung, 2017.

Based on the table of P2KM patient visits in all Puskesmas, both puskesmas mothers, puskesmas auxiliaries and puskesmas around Bandarlampung city in 2015-2016, showed that many people of Bandarlampung City who know and use the program of free health services (P2KM) in Bandarlampung City by using the card KK and KTP. This is evidenced in accordance with the above table, the visit of patients treated by card and KTP card increased by 21,690 people from 2015 until 2016. The number of residents of Bandar Lampung city in 2015 was 979,287 people (BPS, 2016), meaning target coverage The program has reached 34-37% of the people of Bandar Lampung. If based on national composition, then the amount corresponds to the coverage of community groups not covered by public or private health insurance.

Thus, in terms of accuracy of program targets on this free health service, has been right on target because prior to the existence of this P2KM program there are other free health programs such as Jamkesda and Jamkeskot, but in specialize for citizens who can not afford it, if P2KM is comprehensive for all citizens Kota Bandarlampung but not tied to other private health insurance. So public health can be protected by the existence of free health care program (P2KM) in Bandarlampung City.

## **B. Socialization of Free Health Services Program**

Socialization is a major part in the innovation of public service programs, well-socialized programs will be easier to achieve targets. The program socialization process consists of three stages: recognition, consideration and positive reaction (Post & Preston, 2012). Bandarlampung City health office has implemented these three steps, not only socializing directly to the target group as evidenced

by the installation of banners at each primary health center, health center of Kota Bandarlampung, printed media, brochures, TV commercials in long period. Submission of information through socialization media to the community, making the community to know related to the existence of free health care programs (P2KM) in Bandarlampung City.

Socialization of the program becomes the key to the success of a program in achieving the goals and objectives expected. Through an effective socialization process to the community, a program will easily achieve success in its implementation. Socialization of the program is the starting point that determines the success in achieving its objectives, therefore program socialization must be done in a planned and systematic way so that the planned goals are achieved well (Post & Preston, 2012). Providing information is the first step taken to obtain maximum results and expedite in continuing a job, because by providing information can be used and increase knowledge for people who receive the information. Giving informants is the level of initial participation or can also called the lowest level, because in participation at this level only limited to provide information alone without participating in the next activity (Mardikanto & Soebianto, 2013).

Socialization in providing information is the first step taken to get more maximum results and smooth in continuing a job, because by providing information can be used and increase knowledge for people who receive the information. Thus the socialization conducted by the City Health Office Bandarlampung, in providing information socialization has been widespread by providing socialization directly and indirectly by using various print media, banners, billboards as an effort City government Bandarlampung provide information related to the P2KM.

### **C. Achievement of Objectives of Free Health Services Program**

The purpose of free health insurance program contained in Mayor Regulation No.24 of 2014 which aims for the city of Bandarlampung obtain protection and health care benefits is necessary to provide free health services. The purpose of the program is whether the goals that have been planned in accordance or not in the implementation. According to Duncan in Streers said that the achievement of goals is the overall effort to achieve the goal should be viewed as a process. Therefore, in order to achieve the ultimate goal is guaranteed, required stages both in the sense of phasing the achievement of its parts and phasing in the sense of long period. Achievement of goals consists of several factors, namely: the period and target which is a concrete target (Steers, 1985).

The purpose of this program has been established previously to ensure and protect the health, especially to the people of Bandarlampung City guaranteed by the City Government Bandarlampung in Mayor Regulation No.24 of 2014. This program is valid since January 1, 2015 and shown to the entire community of Bandarlampung City for the community to be comfortable , So there is no reason anymore if sick there is no cost, because it is borne by the City Government Bandarlampung. Bandarlampung City Government, City Health Office Bandarlampung and UPT related health centers have run the program objectives by providing free medical services to the community of Bandarlampung City. This is evidenced by the number of people who do not have other health insurance to seek treatment by using KK and ID card Bandarlampung city. Disease health services are also not only general ailments, but for illnesses that must be treated by the hospital as well, in addition to inpatients also have been borne by the City Government Bandarlampung.

### **D. Monitoring / supervision of free health care programs**

Winardi said that supervision includes checking and comparing the results achieved with the standards outlined. If the result is deviated from the prevailing standard, corrective action is needed to correct it (Winardi, 2010). Furthermore, according to Bohari supervision is a form of examination or control of more parties to subordinates (Bohari, 1992). Siagian in Situmorang mentions that supervision is a process of observation rather than the implementation of all organizational activities to ensure that the work being carried out goes according to a predetermined plan (Situmorang & Jusuf, 1993).

Supervision has been done formally and non-formal. This is evidenced by the verification team conducted for the monthly patient report, the improvement of the quality of the health center service has also been done by the Health Office and community reporters by receiving reports from sub- district head, village head or local community leader as well as cooperation through online media also been done to hear complaints from the community.

## **E. Supporting and Inhibiting Factors In Implementation of Free Medical Service Program in Bandarlampung City**

### **1. Coordination between Technical Institutions**

According Tangkilisan, cooperation which is the most important element in the organization. The existence of a good cooperative relationship then the achievement of organizational goals will be faster. Cooperation is not only happening between individuals and individuals, but can also with individuals with instanssi or agencies with agencies. Co-ordination coordination between offices is needed for the sake of the smoothness of a job (Tangkilisan, 2005). According to Djamin in Hasibuan states that as an effort of inter-agency cooperation, agencies, units in the implementation of certain tasks, so as to complement each other, mutually help and complement each other (Hasibuan, 2001)

In the program of free health services (P2KM) in Bandarlampung City has been cooperating with the Department of Population and Civil Records of Bandarlampung City to validate the data of KK cards and double ID cards. With this E-KTP can meminimalisir the occurrence of double KK and KTP in order to smooth service procedure. In addition, cooperation with hospitals is also very helpful in providing medical services that can not be done at the puskesmas. The following are coordinated health facilities in the implementation of free health care programs.

Table 4. Public Health Facilities of Bandarlampung City

Public Health Center	Hospital
1. Pos Kesehatan Kelurahan (Poskeskel) seKota Bandarlampung	1. Bandarlampung Municipal General Hospital (A.Dadi Tjokrodipo)
2. Puskesmas Pembantu (Pustu) se-Kota Bandarlampung	2. Bhayangkara Hospital
3. Puskesmas Rawat jalan se- Kota Bandarlampung	3. DKT Bandarlampung Hospital
4. Puskesmas Rawat Inap se-Kota Bandarlampung	4. Pertamina Bintang Amin Hospital
	5. Immanuel Hospital
	6. Advent Hospital
	7. Bumi Waras Hospital
	8. Graha Husada Hospital
	9. Mutiara Putri Maternal Hospital
	10. Santa Ana Maternal Hospital
	11. Lampung psychiatric Hospital
	12. Urip Sumoharjo Hospital
	13. Abdoel Moeloek General Hospital

Source: Dinas Kesehatan Bandarlampung, 2017

The existence of cooperation between Bandarlampung City health office with the Department of Population and Civil Registry and Hospital, is very helpful in this free health service procedure to provide convenience to service providers and service recipients.

### **2. Awareness of the community in bringing the requirements at the time of treatment**

According to Lubbis and Hussen mentioned that the target approach where the focus of attention on output, measuring success to achieve results in accordance with the plan (Lubis & Huseini, 1987). Furthermore Makmur said that the determination of the right target both specified individually and the target set by the organization really determine the success (Makmur, 2008).



The external inhibiting factor in providing free health service (P2KM) program in Bandarlampung is the lack of awareness of the community to bring the requirements or inconsistency of data between KK and KTP and residents who have not taken care of citizenship of Bandarlampung city. This makes the service hampered due to incompatibility of the data, or the citizens themselves who do not carry the original card and ID card requirements and photocopies. Should the citizens who want to seek treatment has prepared the requirements for the smooth service of patients.

## CONCLUSION

1. Free health service program (P2KM) as an innovation service program in Bandarlampung City can be evaluated has been effective. It is observed from several indicators that is, the accuracy of the target of free health service program (P2KM) of Bandarlampung city community that has been achieved, socialization of programs that have been done directly and indirectly using print media such as billboards and banners, achievement of free health service program objectives P2KM) in Bandarlampung city that has been achieved and monitoring and supervision related to free health services (P2KM) in Bandarlampung City that has been done by the organizers. Monitoring after the program has run effectively, but must be more optimized again in improving program maintenance by the organizers to the community in conducting supervision.
2. As for the factors supporting the free health care program (P2KM) in Bandarlampung city, among others the City Mayor Regulation Bandarlampung No.24 of 2014 about free medical service, as well as cooperation relationships between government agencies. While the inhibiting factor of the free health care program (P2KM) in Bandarlampung city is lack of public awareness in bringing the completeness of the procedure. City Health Office Bandarlampung and the Department of Population and City Civil Affairs Bandarlampung appealed to the community bandarlampung to take care of KK and KTP cards for ease in the procedure of free health care.

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