

EVALUATION OF THE JOMBANG HEALTHY CARD PROGRAM POLICY FOR THE POOR IN JOMBANG REGENCY

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Abstract. The Jombang Healthy Card program is a breakthrough issued by the Jombang Regency Government as a form of assistance for poor people who are not yet covered by national health insurance to obtain adequate health services. This research aims to determine the evaluation of the Jombang Healthy Card program policy for the poor at the Jombang Regency Social Service using the theory of William N. Dunn (2017) which has six evaluation criteria including effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness. This research method is descriptive qualitative with data collection techniques through interviews, observation and documentation. The results of this research indicate that the evaluation of the Jombang Healthy Card program policy for the poor is still not optimal, with the following explanation: 1) effectiveness, still hampered by administrative problems, public perception and range of access to services resulting in objectives not being optimally achieved, although program monitoring is successful. 2) efficiency, human resources are efficient, but time and infrastructure are still not efficient. 3) adequacy, benefits felt by participants, but not enough to overcome the problem of health service costs for target groups who have not been recorded as participants. 4) equity, program socialization has been carried out, but participation is still not evenly distributed. 5) responsiveness, successful in getting positive responses from poor communities accompanied by constructive input on the Jombang Sehat Card program. 6) appropriateness, implementation is correct but needs to be improved so that the benefits can be felt by more target groups.

Keywords: public policy; evaluation; Jombang healthy card; poor society

I. INTRODUCTION

Every country has the concept of development as a change, creating a condition of social and state life that is better than the current condition in the future [1]. National development is strategic steps taken by a country, including Indonesia, to improve the quality of life of the community through various aspects, ranging from economic, political, cultural, to social aspects in an effort to realize national goals that have been set [2]. As explained in the preamble to the 1945 Constitution in the fourth paragraph, it can be understood that realizing social welfare is one of the main goals of the Indonesian nation in national development in the social aspect [3]. As quoted in [4], [5], community welfare is defined as a multi-indicator concept to assess the extent to which development in an area can be said to be successful. Therefore, realizing the welfare of the Indonesian people with a large population is not an easy task for the government.

According to information data released by the Central Statistics Agency, the population in Indonesia in 2022 will be 275.77 million people with a total of 139.39 million male residents and 136.38 million female residents. The increase in population in Indonesia can result in various serious impacts, for example the impact on the country's economic system, cultural diversity of society, and the quality of life of society

which does not rule out the possibility of influencing the high number and percentage of poor people in Indonesia [6]. According to [7], poor people are defined as people whose average monthly per capita expenditure is below the poverty line.

Health is a very important aspect in human life, not just a physical condition that is free from disease, but also includes mental, social and spiritual aspects of individuals in living their social and economic life [8], [9]. According to [10], The level of progress of a country is not only assessed by economic and technological development, but also by how good health services are provided to the entire community, especially to poor and underprivileged groups. In this case, it means that adequate and quality health services are an important aspect in improving community welfare, especially for the poor and underprivileged [11]. However, challenges arise when there are still many poor people who do not have or are covered by national health insurance and still have difficulty getting adequate and quality health services due to the economic limitations they experience.

The Jombang Regency Government through the Jombang Regency Social Service then came forward by issuing the Jombang Healthy Card as part of the health insurance program, which is given to poor people who are not yet

covered by the National Health Insurance in the form of assistance for health service costs since 2014. Based on Jombang Regent Regulation Number 1 of 2017 concerning Health Insurance, the Jombang Healthy Card itself is defined as a card or other equivalent form of alternative that is given to poor people who do not have or are covered by health insurance in Jombang Regency within the framework of the health insurance program. The implementation of the Jombang Healthy Card program is sourced from the Jombang Regency APBD with guarantees or health services for the poor including all administrative costs, nursing and midwifery care, as well as medical services and support that can be utilized at Regional General Hospitals and Community Health Centers in Jombang Regency including services class III inpatient and outpatient care, including services in isolation rooms and Intensive Care Unit (ICU).

However, as one of the assistance program policies for poor people who are not yet covered by national health insurance, in reality the Jombang Healthy Card program still involves quite a small number of recipients when compared to the number of poor people who have not been recorded as participants in Jombang Regency's PBID as presented in the table below this :

Table 1. Comparison of Participation in the Health Service Assistance Program for the Poor in Jombang Regency

Year	Health Service Assistance Program for the Poor		
	Number of Poor People in Jombang	Jombang Regency PBID participants	Jombang Healthy Card Participants
2018	120.190	16.492	1.653
2019	116.440	42.292	1.514
2020	125.940	42.695	967
2021	127.300	48.223	931
2022	115.480	54.327	1.415

This is a research problem, because while there are still many poor people who are not covered by national health insurance, participation in the Jombang Sehat Card program should be further optimized so that PBID participant data will also increase. On the contrary, the poor community's participation in the Jombang Sehat Card program has not achieved optimal implementation. This is indicated to have occurred because there were several phenomena that occurred during the implementation of the Jombang Healthy Card program in Jombang Regency, which caused the program to not run optimally. The first is related to administrative problems in the Jombang Healthy Card service process. According to the provisions in article 5a of the Jombang Regent's Regulation No. 1 of 2017, it is stated that one of the requirements for issuing a Jombang Healthy Card is to attach a sick certificate from the regional government health service facility and its network, but in reality, as informed on the faktualnews.com page, many of the applicants who are still having difficulty getting the attachment from the hospital.

The second is related to the lack of socialization of the program to the target group and the procedure for obtaining a

Jombang Healthy Card which is too long. This was explained in previous research from [10], and previous research from [12], which both show unsatisfactory results in the aspect of information and communication resources. These results are considered inadequate because many target groups do not fully receive the information well and the publication procedure is quite long, making applicants feel that the service process for this program is less than optimal.

Finally, it is related to the inaccessibility of the Jombang Health Card administration service location. Based on previous research from [13], it is explained that in reality, neither the Social Service, Hospital/Puskesmas, nor the Village/Subdistrict Government in Jombang Regency have can provide Jombang Healthy Card program services online or online so that it requires people to come directly to the office location as an alternative to getting services offline or face to face.

Seeing these conditions, it is considered necessary to carry out further analysis regarding the evaluation of the Jombang Healthy Card Program policy for poor communities in Jombang Regency using the theory of William N. Dunn (2017). Where in this theory it is explained that there are six criteria for evaluating a program policy, which include (i) effectiveness; (ii) efficiency; (iii) adequacy; (iv) equity; (v) responsiveness; and (vi) appropriateness. Apart from that, there has been no evaluation of the Jombang Sehat Card program carried out by the relevant government or academic circles, making this evaluation necessary. With research regarding the evaluation of the Jombang Healthy Card program policy, it is hoped that it can help and provide advice to related parties to continue to strive to optimize the health service program for the poor to make it better, and that the poor in Jombang Regency can benefit optimally from the form of policy provided by the Jombang Regency Government. This statement is in line with the views of [14]–[16], which emphasize that a policy program that has been implemented needs to be evaluated to assess the extent to which the achievements obtained are in line with expectations or, conversely, the results are far from desired.

II. RESEARCH METHODS

In this research, the research method used is a qualitative approach with a descriptive research type. Quoting from [17, p. 112], qualitative research is a type of research that focuses on aspects of understanding, namely in describing a phenomenon that occurs by prioritizing in-depth communication between the researcher and the information source. On the other hand, this research aims to obtain a comprehensive and in-depth picture of the evaluation of the Jombang Healthy Card program policy for poor communities in Jombang Regency. Therefore, choosing a descriptive research method with a qualitative approach was deemed appropriate for this research because it can describe and explain the evaluation of the Jombang Healthy Card program policy for the poor in Jombang Regency according to the perception of the poor as the target group and the Jombang

Regency Social Service as the regional government as implementing and responsible for program policies, so that all components that occur can be seen and explained in detail and comprehensively.

Apart from that, the theory that is the basis for this research is the theory from William N. Dunn (2017) which has six evaluation criteria including effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness. There are two types of data sources used in this research, namely primary data sources and secondary data sources. Data collection techniques were carried out through observation, interviews and documentation followed by techniques for determining informants based on the concepts of purposive sampling and snowball sampling. This research uses data analysis techniques from [17, p. 167], which includes four stages, namely data collection, data reduction, data display, and drawing conclusions and verification. Based on four types of data validity tests from [17, p. 174], the data validity technique used in this research is data credibility testing which includes triangulation, using supporting or reference materials, and conducting member checks

III. RESULTS AND DISCUSSION

In order to help poor people who do not have or are covered by National Health Insurance to obtain adequate and quality health services in Jombang Regency, the Jombang Regency Social Service as an extension of the regional government plays a role in implementing the Jombang Healthy Card program policy. The aim of the Jombang Healthy Card program policy is stated in Jombang Regent's Regulation No. 1 of 2017 concerning Health Insurance, namely to improve the quality of health services for the poor; expanding access to health services for the poor; improving the health status of the poor; increasing the certainty of health services for poor people in health service facilities; and improving the orderliness of health services to poor people in health service facilities.

In this section the author will explain and elaborate on the results and discussion of policy evaluation research on the Jombang Healthy Card program for poor communities in Jombang Regency. To find out how and to what extent the Jombang Healthy Card program policy evaluation for the poor in Jombang Regency refers to the research focus of William N. Dunn (2017) which has six evaluation criteria including effectiveness, efficiency, adequacy, equity, responsiveness and appropriateness, then can be explained through the following discussion:

A. Effectiveness

Effectiveness according to William N. Dunn (2017) is concerned with how far an existing policy alternative can achieve the desired results or goals. This means that the effectiveness of a Jombang Healthy Card program policy can be seen from the compatibility between concepts and facts in the field, thereby enabling the Jombang Healthy Card

program to run well in accordance with the objectives stated in Jombang Regent's Regulation Number 1 of 2017 concerning Health Insurance. This is in line with what was stated by [18], that it is necessary to assess the effectiveness of a program because the effectiveness of a program is a reflection of the organization's success in achieving the goals that have been set.

Based on the results of the research, regarding the achievement of the objectives of the Jombang Healthy Card program for the poor in Jombang Regency, it can be stated that the Jombang Healthy Card program policy has been implemented in accordance with the objectives stated in Regent Regulation Number 1 of 2017 concerning Health Insurance but is not yet optimal. The Jombang Healthy Card program has helped improve the quality of health services for poor communities. This can be seen through the use of the Jombang Sehat Card program, poor people who were previously not covered or had national health insurance can now enjoy adequate quality health services at health service facilities both at the Community Health Center and at the Regional General Hospital in Jombang Regency and the General Hospital Regions that collaborate with the Jombang Regency Government.

Apart from that, due to limited costs for health care, the use of the Jombang Sehat Card has provided assistance to poor people who were not previously covered or had health insurance, in the form of guaranteed health services for poor people at the available health service facilities. This program also helps the role of the Jombang Regency Social Service in providing assistance to poor people to obtain adequate health services so that they can improve the level of public health and assist the government in efforts to improve the quality of human resources and overcome poverty. Furthermore, the health services provided are also in accordance with applicable regulations so that the government and poor communities who have not previously been covered or have health insurance can improve the orderliness of services to poor communities at health service facilities in accordance with the stated objectives. This success is in line with the opinion of A.F Stoner quoted in [18] who describes effectiveness as the ability to determine the goals to be achieved.

However, unfortunately, the effectiveness of implementing the Jombang Sehat Card program policy has not been realized optimally because it is still hampered by administrative problems, people's mindset, limitations in outreach to target groups and service processes that are still carried out offline. Where this obstacle is included in the problem of access to services as quoted in [19], access to health services is generally divided into three types of access which include physical access, economic access and social access. This means that the aim of expanding access to health services for the poor still needs to be further optimized.

According to [20], in implementing a policy it is important to carry out monitoring or surveillance of the activities that have been determined and evaluate to assess the extent to which the policy can be implemented and identify existing obstacles. Referring to this statement, the Jombang Regency

Social Service has succeeded in monitoring the implementation of the Jombang Healthy Card program policy. This is proven by the monitoring that has been carried out both externally and internally so that it can help increase the effectiveness of the program because there is a form of supervision carried out to correct obstacles that arise in policy implementation.



Figure 1. Monitoring of Jombang Health Card Program Policy

Thus, it can be concluded that the evaluation of the Jombang Healthy Card program policy for the poor in Jombang Regency with an effectiveness focus can be said to be quite effective.

B. Efficiency

William N. Dunn (2017) argues that efficiency can be understood as an assessment of how much effort is needed to achieve desired results. In this case, it relates to the amount of effort or efforts required to achieve the success of the objectives of holding the Jombang Healthy Card program. According to [21], efficiency in implementing a policy can be influenced by the availability of adequate resources. Human resources, time resources and infrastructure resources are important in implementing policies so that they are in line with the goals to be achieved.

Based on the results of the research, the human resources study aspect has shown that the existing human resources are appropriate and sufficient to manage the Jombang Healthy Card program service process. Starting from Village/Subdistrict Apparatus, Subdistrict, to Social Services, existing human resources have been adjusted to their respective competencies. Apart from that, the Jombang Regency Social Service also organizes training to empower existing human resources through technical guidance activities. According to [22], human resources play an important role in the successful implementation of an organization's program policies.

Meanwhile, from the aspect of studying time resources in the implementation process of issuing the Jombang Healthy Card at the Jombang Regency Social Service, it is in accordance with applicable procedures, however, according to the poor people who are registered as Jombang Healthy Card participants, they hope that there will be improvements and improvements in services to the digital system to make it easier, and the service time provided is more effective and efficient.

Then, the availability of infrastructure that supports the Jombang Healthy Card issuance service process, especially at the Jombang Regency Social Service, is not sufficient due to limited infrastructure, namely the waiting room provided is still outside, even though the server and network that support the service process are adequate. The statements above are not in line with the opinion of [23], that efficiency is related to the use of resources well and is related to the optimal amount of effort so that policy objectives can be achieved.

Thus, it can be concluded that in the evaluation of the Jombang Healthy Card program policy for the poor in Jombang Regency the focus was on efficiency, in terms of human resources it was running efficiently, but in terms of time and infrastructure it was still less efficient.



Figure 2. Jombang Healthy Card Issuance Service at the Jombang Regency Social Service

C. Adequacy

According to William N. Dunn (2017), adequacy emphasizes how far the desired results or goals are achieved in solving existing problems in society. A policy can be said to meet the adequacy criteria if the results of the policy are able to overcome existing problems. To find out whether the Jombang Healthy Card program for the poor in Jombang Regency has reached its adequacy, it can be seen through the target of the adequacy study that the Jombang Healthy Card program can help reduce and reach problems for poor people who are not yet covered or have health insurance in Jombang Regency in obtaining health services.

Based on the results of the research, poor people who have been registered as participants in the Jombang Sehat Card program revealed that the existence of the Jombang Sehat Card program can help them because they previously did not have or were covered by health insurance in obtaining adequate and quality health services. However, [24] also believes that there are quite a few public policies that have been implemented but do not provide adequate impacts or benefits that affect the communities targeted by the policies. This is in line with research results, that the Jombang Healthy Card program policy is not enough to address problems related to health insurance for poor people who do not have or are covered by national health insurance and have not been registered as Jombang Healthy Card participants in obtaining adequate and quality health services. This is because the total number of Jombang Health Card participants in Jombang Regency is still 17,042, with a total of 115,480 poor people recorded, of which 54,327 people are covered by national

health insurance. This shows that there are still 44,111 poor people in Jombang Regency who do not have or are covered by health insurance and have not been registered as Jombang Healthy Card participants so that the problem of providing health insurance for the poor has not been carried out optimally.

Thus, based on the results of the research and theories regarding adequacy, the author can conclude that the evaluation of the Jombang Healthy Card program policy is not enough to overcome the problems for poor people in Jombang Regency in obtaining adequate health services.

D. Equity

William N. Dunn (2017) stated that equalization focuses on how far the level of distribution of a policy can be carried out evenly among community groups, especially program beneficiary groups. In this case, the target of this policy is to find out whether the implementation of the Jombang Healthy Card has been distributed evenly to the poor in Jombang Regency. Based on the results of the research, it shows that the alignment in the Jombang Healthy Card program policy for the poor is still not optimal. In its implementation, this program has been widely used by poor people in 306 villages/sub-districts in Jombang Regency, but there are still a large number of poor people who have not registered as Jombang Healthy Card participants because of their ignorance regarding the existence of this program. Where this is not in line with the opinion of [25] that policies oriented towards equality must be distributed fairly and evenly.

Apart from that, the distribution of Jombang Healthy Card program policies can also be seen from the socialization of the program that has been carried out. According to [26], socialization is an effort to disseminate the content or substance of a policy that has been prepared to increase the knowledge and understanding of the various parties involved, including the target group, so that they are willing and able to carry out their role in achieving the goals stated in the policy. This is in accordance with the socialization that has been carried out by the Jombang Regency Social Service, namely socializing the Jombang Healthy Card program online via social media and offline by inviting village officials to be informed about the existence of the Jombang Healthy Card program. However, this is inversely proportional to the community who feel that the socialization carried out has not been fully distributed. There are still people who initially don't know about this program, both poor people who have been registered as participants and poor people who have not been registered as participants.

Thus, based on the results of the research and theories regarding distribution, the author can conclude that the evaluation of the Jombang Sehat Card program policy has been carried out quite evenly and needs to be improved further both in terms of distribution of target groups and socialization carried out.

E. Responsiveness

According to William N. Dunn (2017), responsiveness emphasizes the aspect of satisfaction of the community,

especially the target group, with the results of the policies that have been implemented. In other words, responsiveness is related to how far a policy can satisfy the needs of the target community group. The target of this study is to find out the response of poor people in Jombang Regency, whether registered as participants or not, to the Jombang Health Card program policy by the Jombang Regency Social Service. This is in line with Rodiyah's statement quoted in [24], that responsiveness in public policy can be described as a response to an activity and the implementation of the policy obtains a response from the policy target.

Based on the results of the research, it shows that the Jombang Regency Social Service received various acceptance and criticism regarding the implementation of the Jombang Healthy Card program policy. From the results of direct observations, the Jombang Regency Social Service received various responses from the target group regarding the implementation of the Jombang Healthy Card program. This response includes positive reception from poor people who are registered as participants who feel satisfied with the benefits of the program, as well as dissatisfaction from poor people who have not registered because they feel that this program has not covered more targets to provide the expected benefits.

According to [27], Responsiveness is also related to the responsiveness of state officials in responding to problems, complaints and aspirations of the community. Based on facts in the field, poor people who are registered as participants in the Jombang Healthy Card program are satisfied with the Jombang Healthy Card issuance service at the Jombang Regency Social Service because service employees are able to provide clear information and good directions if there are poor people who want to submit an application or issue it. Jombang Healthy Card. However, they also hope that the implementation of the Jombang Healthy Card program policy can improve the existing service system and infrastructure so that it can run better in the future. Thus, it can be concluded that the Jombang Regency Social Service has implemented the Jombang Healthy Card program policy in a responsive and informative manner.

F. Appropriateness

William N. Dunn (2017) argues appropriateness is related to how far the desired results or goals can be useful or valuable for the target group. A policy can be considered appropriate if the results of a policy are able to have a positive impact or vice versa. On the other hand, accuracy also emphasizes the value of policy objectives and the strength of the assumptions underlying policy objectives [29]. Therefore, the target of this research study is to determine the accuracy of the Jombang Healthy Card program policy for the poor in Jombang Regency.

Based on the results of the research, it shows that the Jombang Healthy Card program policy has really provided benefits for poor people who are registered as participants. The existence of this program has a positive impact on the beneficiary communities because this program can help them to obtain adequate and quality health services. This program

is also useful in easing their economic burden. Costs that should be used for treatment can be used for daily living expenses. Where this statement is in line with Richard E. Matland's opinion in [30], that the accuracy of policies can be assessed based on the extent to which existing policies are able to solve the problems they want to solve

The implementation of the Jombang Healthy Card program policy has been carried out in accordance with the applicable terms and conditions. Poor people who are registered as Jombang Sehat Card participants are poor people who do not have or are covered by national health insurance which is validated through the SIKS-NG application system. Through validation of this data, it is hoped that the aid recipients are truly the target group who need assistance from the Jombang Sehat Card program to obtain free health services. This is in line with the statement [18], that the accuracy of program targets is important in determining the success or failure of a program, where the accuracy of targets looks at the suitability between predetermined target groups or vice versa. However, the existing reality shows that there are still many target groups who have not had the opportunity to become participants.

Thus, it can be concluded that the evaluation of the Jombang Healthy Card program policy for the poor has been carried out appropriately but needs to be improved.

IV. CONCLUSIONS

The conclusion from the evaluation of the Jombang Healthy Card program policy for the poor in Jombang Regency is as follows: Effectiveness, the implementation of the Jombang Healthy Card program policy has been carried out quite effectively overall because it has not been optimal in achieving the goal of increasing access to health services due to administrative constraints, public perception and reach access to services for target groups is not yet optimal. Although there has been success in monitoring program policies. Efficiency, there is efficiency in the use of human resources involved in the Jombang Healthy Card program policy, but it is less efficient in terms of time and infrastructure because the service process is still carried out offline and there are limited facilities in the form of waiting rooms. Adequacy, the implementation of this program does not quite meet the criteria for adequacy because there are still many target groups who have not been recorded as Jombang Sehat Card participants, indicating that the provision of this assistance is not yet optimal. Equity, although, the beneficiary participants have felt helped by this program. In fact, participants in the Jombang Healthy Card program have spread throughout the Jombang Regency area and there is socialization of the program, but there are still poor people who have not registered as participants. Responsiveness, the implementation of this program policy has succeeded in meeting the responsiveness criteria through positive responses and input provided by the community regarding both responsive and informative programs and services. Appropriateness, even though it is considered appropriate, the

existence of this program policy still needs to continue to be implemented to optimize program policies so that the benefits can be felt by all people who are entitled to receive them. Thus, the author hopes that the Jombang Regency Social Service will be able to increase more intensive outreach to the poor, improve the quality of Jombang Healthy Card services, maintain responsiveness in implementing the Jombang Healthy Card program policy, and for future researchers, it is hoped that it will be able to expand the scope of evaluation of the Card program policy Healthy Jombang by measuring more aspects or applying other theories.

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