



IMPLEMENTASI PELAYANAN PUBLIK BIDANG KESEHATAN KERJA DALAM PROGRAM PAMEKASAN CALL CARE DI PAMEKASAN

IMPLEMENTATION OF PUBLIC SERVICE ON WORKING HEALTH SECTOR IN PAMEKASAN CALL CARE PROGRAM IN PAMEKASAN

M. Taufik Alimuddin

Program Studi Magister Hukum dan Pembangunan, Sekolah Pasca Sarjana Universitas Airlangga
E-mail: s.stptaufik@yahoo.com

ABSTRACT

Received:
June, 14 2024

Revised:
June 17, 2024

Accepted:
June 18, 2024

Public service is the fulfillment of the wishes and needs of the community by state administrators. The basis of the establishment of the state is to meet the welfare of the people. It is the duty of the state to meet the needs of the people. One of them is the need for good health and easy access. To meet the community's need for access to health care, the Regent of Pamekasan, Baddrut Tamam, initiated a program called Pamekasan Call Care where the program is a priority program in Pamekasan. This program provides many cars spread over 178 villages located in 13 sub-districts in Pamekasan district. People who need assistance in accessing health simply call the available phone number and they will immediately be picked up to be delivered to the desired health facility. Although it has been implemented since 2020, it turns out that the implementation of this program has not been without obstacles. Problems such as the lack of the number and competence of existing human resources and limited accessibility make this a challenge for the Pamekasan Call Care program.

Keywords: Health services, Pamekasan Call Care, people's warfare, policy, public services.

ABSTRAK

Pelayanan Publik adalah pemenuhan keinginan dan kebutuhan masyarakat oleh penyelenggara negara. Dasar pendirian negara ialah untuk memenuhi kesejahteraan masyarakat. Sudah menjadi tugas dari negara untuk memenuhi kebutuhan masyarakat. Salah satunya kebutuhan atas kesehatan yang baik serta akses yang mudah. Untuk memenuhi kebutuhan masyarakat atas akses kesehatan tersebut, Bupati Pamekasan yaitu Baddrut Tamam mencetuskan suatu program bernama *Pamekasan Call Care* dimana program tersebut ialah program prioritas di Pamekasan. Program ini menyediakan banyak mobil yang tersebar di 178 desa yang terletak di 13 kecamatan di kabupaten Pamekasan. Masyarakat yang membutuhkan bantuan akses kesehatan cukup menghubungi nomor telepon yang tersedia dan akan langsung dijemput untuk diantarkan ke fasilitas kesehatan yang diinginkan. Walaupun telah dilaksanakan sejak tahun 2020, namun ternyata pelaksanaan program ini tidak luput dari kendala. Permasalahan seperti kurangnya jumlah serta kompetensi sumber daya manusia yang ada dan adanya keterbatasan aksesibilitas membuat hal tersebut menjadi tantangan tersendiri bagi program *Pamekasan Call Care*.

Kata kunci: Kebijakan, kesejahteraan masyarakat, layanan kesehatan, Pamekasan Call Care, pelayanan publik.

INTRODUCTION

The government has the obligation to provide innovative services for the needs and welfare of the community. Indonesia is a diverse region with varied potential in each of its areas, and the differences in these potentials necessitate different and specialized service arrangements in each region. The provision of public services is the responsibility of the government to ensure satisfaction among the populace, as public services are an integral part

of the government's duty to improve the welfare of its people. At present, public service has become a widely distributed and centralized issue in the development of Indonesia.

Health development is essentially part of National Development, which is Indonesia's endeavor to achieve healthy living for every citizen, thus realizing optimal health status as one of the common welfare elements of national goals. Gradual health development has equalized and improved the quality of health services to the community.

In Pamekasan Regency, one of the public service programs in the health sector initiated by the Local Government is the PCC (Pameksan Call Care) Program. Pamekasan Call Care is a public service facility that provides health services to the community. As explained by Regent Baddrut Tamam, the "Pamekasan Call Care" program is one of the priority programs of Pamekasan Regency Government to expand the reach of health services for Pamekasan residents by providing a SIGAP (Immediate Response Vehicle) in 178 villages spread across 13 districts in Pamekasan Regency. Through this PCC program, residents who need medical treatment at health service centers such as health centers, clinics, maternity clinics, or hospitals can directly contact the telephone number provided by the PCC operator. In this service, PCC officers will contact the nearest vehicle from the patient's location to pick them up and take them to the desired health service center.

The Regent himself explained that the PCC program, which has been operating for over a year, is not yet perfect overall. Therefore, the program for improving services continues to be carried out by the Pamekasan Regency Government, East Java. Pamekasan Regency Government expands the "Pamekasan Call Care/PCC" program by collaborating with the Indonesian Migrant Workers Protection Agency (BP2MI).

Public service is the fulfillment of the desires and needs of the community by the state providers. The state is established by the public (society) with the aim of improving the welfare of the people. Essentially, the state, in this case the government (bureaucrats), must be able to meet the needs of the people. Needs in this context include health, education, and others. Based on the initial observations of the author, in Pamekasan Regency, various problems related to the ineffective implementation of health policy are found due to several reasons, including:

1. Insufficient number and competence of human resources owned by the Pamekasan Regency Government, namely medical personnel.
2. Limited accessibility reachable by the community, causing hinderance in information dissemination about government-initiated programs.

These two factors are found to be reasons for the hindered implementation of the Pamekasan Regency Government's health policy. Thus, based on the above, this paper will examine the implementation of public policy in the Pamekasan Call Care program and the challenges in its implementation.

METHOD

This research utilizes a quasi-experimental design with a Qualitative method presented in an exploratory manner. The reason for selecting the qualitative method is that qualitative data can follow and understand the chronological flow of events, assess the cause and effect of Public Policy Issues regarding Health and Occupational Safety. The data processing technique in this research is through qualitative data analysis, which involves data reduction, data presentation, and drawing conclusions. The main analysis of this research is triangulation, which is a technique for examining the validity of data using something else outside of the data for checking purposes or as a comparison to the data, and Content Analysis, which is a technique for drawing conclusions by identifying the specific characteristics of a message objectively and systematically.

PEMBAHASAN

Implementasi Pelayanan Publik Bidang Kesehatan Melalui Program *Pamekasan Call Care* di Kabupaten Pamekasan, Jawa Timur

According to Minister of State Apparatus Empowerment Decree No. 63/Kep/M.PAN/7/2003 concerning General Guidelines for Public Service Implementation, "Public Service is any service activity carried out by public service providers as an effort to fulfill the needs of service recipients and implement the provisions of legislation."

According to Law No. 25 of 2009 concerning Public Services, "Public service is any form of activity in the regulation, guidance, provision of facilities, services, and others carried out by government officials as an effort to fulfill the needs of the community in accordance with applicable legislation. The government has issued Law No. 25 of 2009 concerning public services. Article 3 states one of the goals of public services is the realization of clear boundaries and relationships regarding the rights, responsibilities, obligations, and authorities of all parties involved in public service implementation. Additionally, another goal is the establishment of a suitable public service implementation system in line with the principles of good governance and corporate governance.

Moenir argues that the elements of public service include service duties, service systems or procedures, service activities, and service execution. Service duties entail providing services according to the assigned tasks to serve all community interests. Service systems or procedures involve the need for information systems, procedures, and methods that support smooth service delivery. Service activities aim to fully meet the needs of the public without discrimination.

One form of public service effort in Pamekasan Regency is through the "Pamekasan Call Care" Program. This program is regulated in the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System. Article 1, paragraph 9 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System explains that health service facilities, hereinafter referred to as Health Service Facilities (Faskes), are tools and/or places used to provide health services, both promotive, preventive, curative, and rehabilitative, conducted by regional governments and/or communities.

The provision of public services cannot be separated from supporting elements. These elements cannot be separated from each other because they collectively form the process of activities. This process will demonstrate the quality of the public service provided. The quality of public service will affect the level of satisfaction of the users of that public service.

Regarding the explanation above, according to the author's findings, one form of Public Service effort in Pamekasan Regency is through the "Pamekasan Call Care" Program. This program is regulated in the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System. Article 1, paragraph 9 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System explains that health service facilities, hereinafter referred to as Health Service Facilities (Faskes), are tools and/or places used to provide health services, both promotive, preventive, curative, and rehabilitative, conducted by regional governments and/or communities.

Article 1, paragraph 15 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System explains that the Integrated Safety Service Center of Pamekasan Regency, hereinafter referred to as Pamekasan Call Care abbreviated PCC, is a service center that guarantees the needs of the community in matters within the territory of Pamekasan Regency, which is the frontline of service to get a quick response.

Article 2 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System outlines that the implementation of the Integrated Emergency Response System (SPGDT) is intended as a manifestation of improving the quality of services

in an integrated manner and integrated involving various parties.

According to Article 3 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System, the objectives of the Integrated Emergency Response System, called Pamekasan Call Care, are as follows:

1. Increasing access and quality of emergency services;
2. Accelerating response time for emergency victims/patients and reducing mortality and disability rates;
3. Providing medical treatment services for medical emergencies that occur in the community before receiving medical treatment at the hospital;
4. Improving coordination of emergency services between related agencies;
5. Increasing community participation in handling medical emergencies.

In Article 4 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System, the implementation of the Integrated Emergency Response System, called Pamekasan Call Care, includes:

1. Implementation of SPGDT, consisting of:
 - a) Emergency Communication System;
 - b) Emergency Victim/Patient Handling System; and
 - c) Emergency Transportation System
2. Implementation of SPGDT as stipulated in Article 4 paragraph 1 must be integrated with each other.

Article 6 of the Pamekasan Regent Regulation No. 24 of 2020 concerning the Integrated Emergency Response System, outlines the tasks of the implementers of the Integrated Emergency Response System, called Pamekasan Call Care, where the tasks of the implementers

Challenges in the Implementation of Pamekasan Call Care Program as a Public Service

The provision of public services must adhere to service standards and be publicized to ensure certainty for service recipients. "Service standards are standardized measures in the provision of public services that must be adhered to by service providers and/or recipients.

Service principles and standards serve as guidelines in supporting the conduct of activities. Apart from being guidelines in supporting service delivery, public service principles and standards also significantly influence the quality of the service itself. Knowing the quality of the service will affect the extent of public service usage. According to the Minister of State Apparatus Empowerment Decree No. 63/KEP/M.PAN/7/2003 concerning General Guidelines for Public Service Implementation, public services have several service principles. Some of these principles include:

1. **Simplicity:** Public service procedures are straightforward, easily understood, and executed.
2. **Clarity:** Technical and administrative requirements for public services, responsible and accountable work units or officials, detailed public service costs, and payment procedures are clearly defined.
3. **Timeliness:** Public service implementation can be completed within a specified period.
4. **Accuracy:** Public service products are received correctly, precisely, and legitimately.
5. **Security:** The process and products of public service provide a sense of security and legal certainty.
6. **Responsibility:** Leaders of public service provision are responsible for service provision and resolution of complaints or issues in public service implementation.

7. Completeness of facilities and infrastructure: Adequate work facilities and other supporting infrastructure are available, including telecommunications and information technology facilities.
8. Accessibility: Places and locations, as well as adequate service facilities, including telecommunications and information technology facilities, are easily accessible.
9. Discipline, politeness, and friendliness: Service providers must be disciplined, polite, courteous, friendly, and provide services sincerely.
10. Comfort: Service environments must be orderly, well-organized, with comfortable waiting areas, clean, neat, etc.

The emergence of public services is due to various interests, and these interests take various forms, resulting in various types of public service activities. Based on Law No. 25 of 2009 concerning Public Services, public services are grouped into several types based on the characteristics and nature of the activities in the service process and the service products produced. Based on the Minister of State Apparatus Empowerment Decree No. 63/KEP/M.PAN/7/2003, some types of public services include:

1. Administrative services: Services that produce various forms of official documents needed by the public, such as citizenship status, competency certificates, ownership or possession of goods, and so on. These documents include, among others, National Identity Cards (KTP), Marriage Certificates, Birth Certificates, Death Certificates, Vehicle Ownership Certificates (BPKB), Driver's Licenses (SIM), Vehicle Registration Certificates (STNK), Building Permits (IMB), Passports, Land Ownership or Possession Certificates, etc.
2. Goods services: Services that produce various types of goods used by the public, such as telephone networks, provision of electricity, clean water, etc.
3. Services: Services that produce various forms of services needed by the public, such as education, healthcare maintenance, transportation services, postal services, etc.

Regarding the obstacles in implementing the Pamekasan Call Care program, actually not many obstacles were found in the implementation process. The obstacles that the author found in the implementation of the Pamekasan Call Care program are related to budgeting. It was found that budget issues persist. In terms of financial planning and activities, the budget allocation for the Pamekasan Call Care program does not match the planned output/outcome, thus not supporting the smooth implementation of activities. In terms of implementation, it does not align with the schedule/activity plan or the ideal needs, the realization of budget absorption does not align with the fund withdrawal plan, and the low budget absorption is far from the ideal pattern and tends to be disproportionate. In principle, problems in budget implementation can be categorized into several aspect groups based on their causes, such as: budget planning, activity implementation preparation, procurement of goods and services, payment mechanisms, and other factors.

CONCLUSIONS

In the implementation of the Pamekasan Call Care Program, the indicators of responsiveness and responsibility are quite successful in their execution. However, improvements are still necessary. Not many obstacles were encountered in the implementation process, one of them is the budget-related issues. It was found that budgetary problems persist. In terms of financial planning and activities, the budget allocation for the Pamekasan Call Care program does not align with the planned output/outcome, thus hindering the smooth implementation of activities. In terms of execution, it does not align with the schedule/activity plan or the ideal needs, the realization of budget absorption does not align with the fund

withdrawal plan, and the low budget absorption is far from the ideal pattern and tends to be disproportionate. In principle, problems in budget implementation can be categorized into several aspect groups based on their causes, such as budget planning, activity implementation preparation, procurement of goods and services, payment mechanisms, and other factors.

BIBLIOGRAPHY

- Sudarsono, A. G. (2005). *Analisis Kebijakan Publik*. Yogyakarta: Pustaka Pelajar.
- Abdal, M. S. (2015). *Kebijakan Publik (Memahami Konsep Kebijakan Publik)*. Bandung: Uin Sunan Gunung Djati.
- Khakim, A. (2010). *Aspek Hukum Penyelesaian Perselisihan Hubungan Industrial*. Bandung: Citra Aditia Bandung.
- Solichin, A.W. (2004). *Analisis Kebijaksanaan: Dari Formulasi Implementasi Kebijaksanaan Negara*. Jakarta: Bumi Aksara.
- Dwiyanto, A. (2006). *Reformasi Birokrasi Publik di Indonesia*. UGM Press.
- Strauss, A., & Corbin, J. (1980). *Basic of Qualitative Research: Grounded Theory Procedure and Technique*. Washington: Sage Publication.
- Mazmanian, D. A., & Sabatier, P. A. (2011). *Implementation and Public Policy*. USA: Scott Foresman and Company.
- Moenir. (2008). *Manajemen Pelayanan Umum di Indonesia*. Jakarta: Bina Aksara.
- Undang-Undang Dasar Negeri Republik Indonesia Tahun 1945.
- Undang-Undang Nomor 25 Tahun 2009 tentang Pelayanan Publik, Lembaran Negara Tahun 2009 Nomor 112, Tambahan Lembaran Negara 5038.
- Peraturan Pemerintah Nomor 25 Tahun 2000 tentang Kewenangan Pemerintah dan Kewenangan Propinsi sebagai Daerah Otonom.
- Keputusan Menteri Pendayagunaan Aparatur Negara No. 63/KEP/M.PAN/7/2003 tentang Pedoman Umum Penyelenggaraan Pelayanan Publik.
- RPJMD Kabupaten Pamekasan Tahun 2018-2023.