

Health Service in the Community Health Center of Mojoagung

Candra Lya Nirmayanti*

Master of Public Administration, Brawijaya University, 163 MT Haryono Street, Malang 65145,
Indonesia * E-mail of the corresponding author: calya_barby@yahoo.co.id

Abstract

Health is a basic human right which is also listed in the Constitution of 1945. Meanwhile in Act No. 23 of 1992 on health also confirmed that the state should be responsible and interested parties on the development of health of its people. One of them is increasing health service in the level of the community health center. This is because as a first-level health service, the community health center should be able to provide the medical services needed by the community. Beside that, there are still many people who underestimate the function of the community health center in providing health service to the community. This study used descriptive types with qualitative approach, where the data are primary data and secondary data. This study is to discover, to describe, to analyze health service in the community health center of Mojoagung and this study is to discover, to describe, to analyze supporting factors and inhibiting factors that own by the community health center of Mojoagung in providing health services to the community. Overall health service in the community health center of Mojoagung was already good enough.

Keywords: Poor, Health Service, the Community Health Center, Social Assistance Program

1. Introduction

One of the obligations of a country is to provide the best public services for its citizens. As expressed by Koch and Hauknes (2005, p.1) that “the public sector is responsible for these activities in the society, which are meant to serve the common good of the citizens”. Growing age then triggers all consciousness in the life of society on the rights and obligations held by the public in obtaining public services. So it appears expectations, aspirations or requirements would be good services as well as satisfactory and in accordance with the values and needs of today's society against government apparatus as a service provider. This is in accordance with the argument by Frederickson (1991, p.405) that “the principle of publicness requires public service to respond to the needs and expectations of all citizens, not just the affluent customers or clients who ‘seem unable to function as a public’”. The same statement also put forth by Albury (2005, p.51), “characterizes personalized public services as ‘responsive to needs and aspirations of individuals and communities’”.

Public service must be non-discriminatory, where every citizen is treated equally when dealing with public bureaucracy in receiving services as long as all the required conditions are met. According to Schachter (1995, p.530), “citizens are not the customers of government they are its owners who elect leaders to represent their interest”. Including the one granting services in the field of health.

Health is a basic human right which is also listed in the Constitution of 1945. In Article 28H of the constitution of 1945 amendment of 2000 declared “...every population are entitled to health service” (Topatimasang, 2005, p.92). Meanwhile in Act No. 23 of 1992 on health also confirmed that the state should be responsible and interested parties on the development of health of its people.

Meanwhile, an influential national policy of health policy is the policy of decentralizing. The essence of the Act No. 22 of 1999 on local governance and government regulations no 25 of 2000 on the authority of the government and the authorities of the province as the autonomous region is the delegation of the authority for 32 years from the center to the regions (district/city). Delegation of the authority of the center to the region particularly in the field of health is intended so that the local government can organize the functions and the duties in accordance with the mandated in the act on the autonomy of the region. In addition it expected also can improve health in various aspects of Indonesia's public life. It is supported by a statement from Loubiere et al (2009, p.165-173) indicates that “the purpose of decentralization is to expand the reach of health service beyond large cities to the diverse populations that exist outside of urban areas”. Cheshire (2010, quoted from Berman & Bossert, 2000, p.1) also shows that “decentralization involves the transfer of health decision-making from the central governmental body, to local officials in order to tailor health care to the needs of local populations and increase access to medicines and treatments in all regions of a nation”. Act no. 22 of 1999 on local governance which was later revised into act no. 32 of 2004 on local governments have underscored that the district/city will have 11 major service functions that must be carried out in the area. The main services that must be carried out

by the local governments some of which include education, health, transport, and others. According to Peters et al. (2008, p.161-171), "the urban and rural areas within a community experience extremely different lifestyles, environmental exposures and health problems between these separate populations".

Service improvement efforts in the field of health undertaken by the government to meet the needs of public health, one of which is through improved the community health center functions. As we know that health development goals organized by the community health center are supporting the achievement of national health development goals: raising awareness, willingness and ability of a healthier life for everyone residing work of region of the community health center to manifest health extended degree movies. But in fact the quality of services provided by the community health center is still not good. As long as this service is provided by the community health center of the incidence of various problems. In addition, the provision of alternative health service rendered also need to note given for many people especially poor and people who couldn't afford that could not access health service due to the inability of the economy. As a material consideration in which the issue arose most recently associated with the promulgation of the decision of the governor of East Java that takes away the SPM (affidavit of poor) on September 1st and then based on the governor's circular letter No. 440/14771/031/2012 on August 29th 2012 certainly impacted on the removal of free medical treatment for poor residents across the district/city in East Java exception in Surabaya and Mojokerto.

According to the central bureau of statistics (BPS), the population of Indonesia in 2010 is estimated to be as much as 237,641 million and in March 2011 reach 30.02 million people (12,49%) inhabitants of Indonesia which belong to poor. As much as 30.02 million people here who are looking for a cheap treatment for their illness that they think are too expensive to be financed and in this case the alternative treatment is the solutions for their health problems. So inevitably people were forced for seeking alternative treatments. However, the eagerness to try alternative medicine makes some people take advantage of that opportunity to dredge the advantage. Many of the emerging alternative medicine practices that are not listed. As one of the efforts to improve the performance of health service and spur on the community, the government of Jombang district provides traditional health service in the community health center that start carried out since 2007. In Jombang, the implementation of traditional health service exercise is just began served in the community health center of Mojoagung and the community health center of Ploso which is it has now become a hospital.

2. Theoretical Study

2.1 Public Service

Service basically can be defined as the activity of a person, a group or organization, either directly or indirectly to make ends meet. The meaning of service based on the decision of the Minister of State administrative reform Number 81 of 1993 is any form of service provided by the central government or local government area, the state-owned enterprises, in order to fulfill the needs of the community, and or the applicable legislation. To word public came from the United Kingdom which is public means public, community, country.

The definition of public service according to Pasolong (2008, quoted from Sinambela 2005, p.128) in Pasolong as any activity carried out by the government against a number of people who have any profitable activities in a group or unit, and offers a satisfaction even though the result is not tied to a physical product (2008, p.128). Public service can be definite as services (serving) the needs of the person or people who have an interest in the organization in accordance with the basic rules and procedures that have been set. The definition of public services according to the decision of the Minister of State Administrative Reform number 25 of 2004 on General Guidelines Preparation of Community Satisfaction Index Service Unit of Government Agencies are servicing activities carried out by public service providers in an effort to fulfill the needs of the recipient of the service, as well as in the framework of the implementation of the provisions of the legislations. Bloch (2010, quoted from ReD Associates 2005 and Van Dooren et al 2006, p.21) distinguish between two broad types of service:

- 1). Individual services that are consumed – i.e. services are provided to a specific user. These services are thus comparable to private sector services.
- 2). Collective or "public good" services that have to do with administration, monitoring, policy/regulation development. These differ greatly from the private sector and have a high public good aspect to them.

Some defining characteristics of the publicness of public services, and to explore the tensions between that and private provision. Haque, (2001, p.66-67) attempts something of this sort in identifying five 'specific criteria or measures of publicness' as being:

- 1). The extent of its distinction from the private sector: Haque goes on to identify impartiality, openness, equality and representation as being distinctly public characteristics.
- 2). The scope and composition of service recipients: the greater the number and broader the scope of service recipients, Haque writes, the higher the degree of publicness, and he refers to a 'shared and universally accessible domain involving the interest of all citizens'.
- 3). The magnitude and intensity of its socioeconomic role: the wider a service's societal impact, the greater the degree of its publicness.
- 4). The degree of its public accountability: this goes beyond the existence of institutions to the extent to which those institutions are influenced by particular classes or sections of society.
- 5). The level of public trust: that is, how much people trust the credibility, leadership or responsiveness of a service.

2.1.1 Principles of Public Service

In providing services, the provider of the public service agencies should pay attention to the principles of the public service so that the quality of service can be achieved. The principles of public service that must be observed by the public service provider agencies according to the decision of the Minister of State Administrative Reform number 63 of 2003 on the Guidelines of the organization of the Public Service, as follows:

- 1). **Simplicity**
The procedure of public service is not straightforward, easy to understand, and easy to implement.
- 2). **Clarity**
 - a) Technical and administrative requirements of the public service;
 - b) Work units/officials who authorized and responsible for providing service and settlement of complaints/problems/disputes in the implementation of the public service;
 - c) Details the cost of public service and the procedures for payment.
- 3). **Certainty time**
Implementation of the public service can be completed within the allotted time.
- 4). **Accuracy**
Product of public service received correctly, right, and legitimate.
- 5). **Security**
Processes and products of public service provide a sense of security and legal certainty.
- 6). **Responsibilities**
Public service providers or designated official responsible for the organization of services and settlement of complaints/problems in the implementation of public service.
- 7). **Completeness infrastructure**
Availability of work infrastructure, work equipment and other support, including the provision of adequate means of telecommunication and informatics technologies (telematics).
- 8). **Ease of Access**
The place and location means of adequate services, accessible by the public, and can benefit from the technology of telecommunications and informatics.
- 9). **Discipline, Politeness and Friendliness**
Service provider should be disciplined, well-mannered and polite, friendly, and provide services with sincere.
- 10). **Comfort**
Environmental of service should orderly, regular, provided a comfortable waiting room, clean, tidy, healthy and beautiful environment and equipped with supporting facilities services, such as parking, toilet facilities, places of worship and more.

2.1.2 Basic of Public Service

Public service is given to give satisfaction to the users of the service. Therefore in giving public service, public service provider agencies should pay attention to the basic public services. Basic of public service by the decision of the Minister of State Administrative Reform number 63 of 2003 on the Guidelines of the Organization of Public Service, as follows:

- 1) Transparency
Open, easy and accessible to all those in need and provided adequately and easy to understand.
- 2). Accountability
Can be accounted for in accordance with the provisions of the legislation.
- 3). Conditional
According to the conditions and the ability of giver and receiver service by sticking to the principles of efficiency and effectiveness.
- 4) Participatory
Encourage the role and the public in implementing public service having regard to the aspirations, needs and expectations of the community.
- 5). Equality Rights
It is not discriminatory in the sense that no tribe, race, religion, class, gender, and economic status.
- 6). Balance of rights and obligations
The giver and the receiver of public service must comply with the rights and the obligations of each party.

2.1.3 Standard of Public Service

In addition to the need to pay attention to the principles and the basics of public service, the public service provided by the government should be given based on certain standards. According to the regulation of government number 102 of 2000 on National Standardization, standard is a technical specification or something that includes standardized procedures and methods which are arranged based on the consensus of all the parties concerned having regard to the terms of the safety, security, health, environment, development of science and technology, as well as experience, the development of the present and the future to benefit the most.

Thus, standard of public services is a service of the standardized technical specifications as a benchmark in the conduct of public services. Each organization of the public service must have service standard and published as a guarantee of certainty for the recipient of the service. In the public service, service standard must be obeyed by the giver and the recipient or service. Standard of public service by the decision of the Minister of State Administrative Reform Number 63 of 2003, at least include the following:

- 1) Service Procedure
Service procedure standardized for the giver and the receiver services including the complaints.
- 2). Completion of Time
Completion of time is set from the moment of filing the petition until the completion of the service including the complaint.
- 3). Service Cost
Costs/rates of service including the details set out in the process of granting of services.
 - 4) Service Product
Results of service will be accepted according to the terms specified.
 - 5) Infrastructure
The provision of infrastructure service that adequate by public service providers.
 - 6) Competence Officer
Competency officer of the giver of services should be set appropriately based on the knowledge, expertise, skills, attitudes, and behaviours is needed.

2.1.4 Classification of Public Service

As an apparatus of state which are obliged to meet the needs of the community, the government should be able to provide public service that is the best for people. In this case public service that must be provided by the government can be classified into two main categories, namely basic needs services and public services (Mahmudi, 2005, p.205-210).

2.1.5 Quality of Public Service

According to Pasolong (2008, quoted from Zeithaml-Parasurman-Berry, 1990, p.135), to know the quality of service perceived by the consumers of outwardly, there is an indicator of the size of consumer satisfaction are located on five dimensions of service quality, namely:

- 1) Tangibles: the quality of the physical means of computerized administration, offices, waiting rooms, place information.
- 2) Reliability: the ability and reliability to provide reliable service.
- 3) Responsiveness: the ability to assist and provide services in a timely and appropriate, as well as responsiveness to consumer desires.
- 4) Assurance: the ability and the hospitality and the courtesy clerk in assuring consumer confidence.
- 5) Emphaty: stern attitude but full attention from employees to customers.

2.2 Public Health Service

Health service is every effort being held alone or together in an organization to maintain and to promote health, prevent and cure disease, restore the health of both individuals, families, groups or communities (Azwar, 1996, p.35). Meanwhile, according to Moenir the definition of health service is one of public service that is an activity undertaken by a person or a group of people with a grounding system through material factors, specific procedures and methods in order to attempt to satisfy the interests of others in accordance with its rights (2002, p.26).

2.2.1 Types of Health Service

The types of health service according to Azwar(1996, quoted from Hodgetts and Casio, 1983, p.36) differentiated into two types, namely:

1). Medical Services

Health services included in group medical services (medical services) are marked by means of organizing that can be alone (solo practice) or together in a single organization (institutions), its primary purpose to cure disease and restore health, as well as his target especially for individuals and families.

2). Public Health Services

Health services are included in community healthcare group (public health services) is characterized by a general organizing together in one organization, the main purpose is to maintain and to promote health and prevent disease, as well as targeted especially for groups and societies.

2.2.2 Conditions of Health Service

Good health service should have the basic requirements (Azwar, 1996, p.38). Basic terms in question are:

1) Available and Continuous

The first requirement of good health service is the health services should be available in the community (available) as well as the nature of sustainability (continuous). It means all kinds of health services required by the community are not difficult to find, as well as its presence in the community is necessary at all times.

2) Acceptable and Reasonable

The second requirement of good health service is accepted by the public as well as the nature of reasonable (appropriate). That means the health service does not conflict with the confidence and trust of the community. Health service as opposed to adapt customs, cultures, beliefs and public confidence, and it is not natural, it is not good health service.

3) Accessible

The third requirement of good health service is within easy reach (accessible) by the people. The definition of accessible the intended sense here especially from a location. Thus to be able to realize good health service, the distribution of health facilities management becomes very important. Health service is too concentrated in the urban areas only, and while it is not found in the villages, is not good health service.

4) Easy to Reach

The fourth requirement of good health service is within easy reach (affordable) by the people. The sense of affordability is intended here mainly from the cost. To be able to realize the situation like this must be the most appropriate health service charge according to the ability of the economy of the community. Medical service is expensive and therefore it can only be enjoyed by a small part of the community, it is not good health service.

5) Quality

The fifth requirement of good health service is an excellent (quality). The sense of quality that is meant here are pointing at the level of perfection of the health service which is organized, which on one party may satisfy its user services, and on the other hand ordinances in accordance with the code of ethics and standards that have been set.

3. Research method

This research use descriptive types of research with qualitative approach method. Data sources used are primary data and secondary data. The technique of data collection by observation, interviews, and documentation; research instruments are the researcher themselves, guidelines for interviews, field notes; data analysis methods include the reduction of data, data presentation, withdrawing the conclusion/verification.

4. Result and Discussion

4.1 *Health Service in the Community Health Center of Mojoagung*

In order to provide the best quality service for the community, especially primary health service, the government was attempting to improve the function of the community health center as health service providers and it was implementing the first strata. In addition to provide health service to the general patients i.e. the patients who pay with their own money, the various ways of financing health service with pre-paid system, such as the community health insurance (Jamkesmas), the regional health insurance (Jamkesda), health insurance (Askes), childbirth insurance (Jampersal) and family hope program (PKH) could also be served in the community health center. This was done as one of the government's efforts in helping poor and they were not being able to access and to obtain health service, particularly primary health service level. As for poor and people who couldn't afford it that they were not covered in Jamkesmas and Jamkesda, they had facilitated by the local government through the affidavit of poor (SPM). This was needed to be done to remember during this time there were many poor and people who couldn't afford it that experience difficulties in obtaining health service due to cost limitations.

4.1.1 *Membership of Health Service in the Community Health Center of Mojoagung*

In providing health service to the community, the community health center of Mojoagung served the patients not only general patients alone but also the patients of social assistance program membership from the government. The community health center of Mojoagung didn't dictate anyone who was entitled to an insurance card. The community health center of Mojoagung just acts as health service provider. In addition there was a difference of powers between the community health center of Mojoagung with Department of Health, it could be seen from the duties and the functions of each agency. According to Bloch (2010, quoted from ReD Associates 2005 and Van Dooren et al 2006, p.21), Collective or "public good" services that have to do with administration, monitoring, policy/regulation development. These differ greatly from the private sector and have a high public good aspect to them. In this case, it was responsible for the supervision and the regulation of the provision of health service in the community health center held by Department of Health. In providing health service the community health center as the provider of the service should be also pay attention to the aspects of the quality of the service provided, including reliability, assurance, responsiveness, and empty and tangibles [Pasolong (2008, quoted from Zeithaml-Parassurman-Berry, 1990, p.135)]. It also did not close the possibility of many people who preferred to undergo alternative treatments such as went to shaman, prominent scholars, or other alternative treatments besides medical treatment where the difference between alternative treatments and medical treatments lies in the effort or how the treatment and care that do. As long as health service was acceptable and reasonable where health service was not contrary to the faith and trust of the community. Health service that was contrary to local customs, culture, faith and belief, as well as the unnatural nature, it was not good health service.

4.1.2 *Types of Health Service in the Community Health Center of Mojoagung*

Types of service provided in the community health center in accordance with the types of public health service as expressed by Azwar (1996, quoted from Hodgetts and Casio, 1983, p. 36), that was public health service where health service was included in the group of public health service was characterized by a generally organizing together in one organization, its main purpose was to maintain and to promote health and prevent disease, as well as targeted especially for groups and societies. In this case the community health center was one of the organizations that it was formed in order to carry out this types of public health. Health service organized by the community health center of Mojoagung was comprehensive which include, promotive aspects, preventive aspects, curative aspects, and rehabilitative aspects. The community health center of Mojoagung also couldn't arbitrarily increased or decreased the types of health service that exist without approval from Department of Health Jombang district. It was because of the position of the community health center was the regional technical implementation unit of Department of Health Jombang district.

4.1.3 Procedures of Health Service in the Community Health Center of Mojoagung

In general people who came to visit in the community health center of Mojoagung already understand about the existing flowchart of health service, but the different things experienced by the community who came for the first time where they were still bewildered by the flowchart of health service that they had to endure though the flowchart of health service in the community health center of Mojoagung had been installed near the ticket office of registration. This was because there was no official information that could had asked for the clarification regard to the flowchart of health service. While the existing of the officers of the ticket office of registration look very busy to serve the community who sign up for medical treatment, especially when the patients came were many. Based on the principles of public service according to the decision of the Minister for Administrative Reform Number 63 in 2003 about the guidelines of the organization of public service, namely simplicity, Simplicity of the procedures of public service was very important for the community to be understood by the community which it was not straightforward, it was easily understood, and it was easily carried out mainly by the community.

4.1.4 Infrastructure of Health Service in the Community Health Center of Mojoagung

The provision of infrastructure in the community health center of Mojoagung became the responsibility of Department of Health with the condition that when the community health center would purchase capital goods over three hundred thousands then it must requested approval from Department of Health and it was not always get approved by Department of Health Jombang district. Otherwise, once the capital goods to be purchased under the nominal specified, then the community health center was allowed to buy it with the real money operations owned by the community health center. But for the consumables such as draperies, cleaning materials, papers, the community health center was allowed for it with their own money without they had to ask for the approval from Department of Health. The provision of infrastructure by the community health center was strengthened from the fulfillment of standards of public service that must be contained in the decision of the Minister for Administrative Reform Number 63 in 2003, i.e. infrastructure where the provision of service infrastructure adequate by public service providers. This was in line with the principles of public service which was also contained in the decision of the Minister for Administrative Reform Number 63 in 2003 i.e. completeness and infrastructure where availability of work infrastructure, work equipment and other support, including the provision of adequate means of telecommunication and informatics technologies (telematics). In addition to support the principles of public service was associated with the means of technology, the community health center of Mojoagung had also provided computer in the process of registration for the patients to facilitate the smooth running of the service so that it was no longer done manually.

4.2 Supporting Factors and Inhibiting Factors Health Service in the Community Health Center of Mojoagung

4.2.1 Supporting Factors

4.2.1.1 Human Resources

In terms of nursing personnel, the smooth implementation of health service in the community health center of Mojoagung, it also be supported by the presence of health school kids who were doing field work practices in the community health center of Mojoagung. With the presence of human resources who had expertise, knowledge and skills in their respective fields, it would certainly be able to support the implementation of the service and it would be expected with such matters also could maximize the services provided to the community. This was in line with the standards of public service according to the Decree of the Minister for administrative reform No. 63 in 2003 concerning common guidelines the implementation of public service i.e. the competences of the officers of service providers where the competences of officers as service giver should be set appropriately based on the knowledge, the expertise, the skills, the attitudes, and the behaviors that were necessary. With the knowledge, the expertise or the skills which were owned by individual officers, of course, it could give guarantees for the services provided.

4.2.1.2 Revenue of the Community Health Center of Mojoagung

The highest income owned by the community health center of Mojoagung sourced from retribution, particularly patient visits, laboratory service, and hospitalizations. Division of retribution received by the community health center of Mojoagung from Department of Health was 60.9%, this was used for the operational costs of organizing health service. This income could certainly be used to support the achievement of better health service to the community.

There was no doubt that the revenue which was owned by an organization also had important contributions to the finance of the organization's sustainability. According to the statement from the head of the community health center of Mojoagung, the highest source of income which was owned by the community health center of Mojoagung came from hospitalization. The increasing of retribution could directly indicate the level of public

confidence to the community health center of Mojoagung in providing services. In addition, indirect impacts were related to good or not good service quality, it could only be seen, be felt, be undertaken by the communities that received it. To improve the performance of health service it required the provision of substantial funds. High and low the financing of health service would have an impact on the quality of service itself because the allocation of funds to support health programs was inadequate. If this continues to happen, then the community health center would be abandoned by its users and it was used only by poor who had no other options. One of the conditions that must be met by the community health center in providing health service was the quality aspect where the quality here relates to the satisfaction of the users of services and on the other hand relates to the implementation of procedures in accordance with the code of ethics and the standards that had been established (Azwar, 1996, p.38). To support the achievement of quality service certainly was needed health financing sources where one of it could be obtained from the revenue of retribution of the community health center and this was what seemed to be one of factors supporting the success of the community health center of Mojoagung in providing health service to the community.

4.2.1.3 Infrastructure

Infrastructure available in the community health center of Mojoagung included poly outpatient to inpatient space. In addition there was also a small mosque, canteen, parker, toilets, waiting rooms and the green of outdoor garden. The provision of infrastructure was provided in an effort to provide comfort to people who were undergoing treatment in the community health center of Mojoagung. This was in accordance with the standards of public service that must be met in the Decree of the Minister for administrative reform Number 63 in 2003 related to the infrastructure of public agencies which included the community health center was required to provide an adequate service infrastructure. In addition, in order to simplify and to expedite the registration process for the patients who would be treated in the community health center of Mojoagung, the community health center also had been used the computers to record the names of the patients who entered mainly the patients who used the insurance card and it was also the availability of transport either two wheels or four wheel in the community health center of Mojoagung was useful to help smooth the implementation of health service.

4.2.1.4 The Location of the Community Health Center of Mojoagung

The community health center was the first level of service or the basic health service to the community. The location of the community health center would be very influential on the ease with which could be obtained for the community in getting better health service in the primary level. The location of the community health center of Mojoagung was easily accessible enough for the public who would seek treatment to the community health center. This was because the location of the community health center of Mojoagung in highway of Mojoagung, and it was also traversed by many public transportations that it could made it easier to reach the location of the community health center. This was in line with the principles of public service that must be addressed by service provider agencies were contained in the Decree of the Minister for administrative reform Number 63 in 2003 on common guidelines for the implementation of public services i.e. accessibility as well as the location where the place and the infrastructure of adequate services, it was easily accessible by the public, and it could benefit from the telecommunications and the information technology. In addition good health service must also had basic requirements (Azwar, 1996, p.38) was within easy to be reach where the terms third requirements of good health service was within easy to reach (acesible) by the community. The sense of achieved which was meant here especially from a location. Thus to be able to realize good health service, the distribution arrangement of health facility became very important. Health service was too concentrated in urban areas only, and while it was not found in the countryside, it was not good health service.

4.2.2 Inhibiting Factors

4.2.2.1 Human Resources

The number of doctor personnel, particularly general doctors and administrative personnel who were owned by the community health center of Mojoagung were still lacking. The community health center of Mojoagung couldn't lift their own employees because of the position of the community health center of Mojoagung was the regional technical implementation unit of Department of Health Jombang district. With the competencies possessed by health workers in this case were the doctors, it was sure in running their line of work naturally it was able to generate the correct of health service, prompt, and legitimate. But it could also provided a sense of security and legal certainty to the patients. This was because health worker who worked as a doctor in the community health center of Mojoagung had been through the procedures which had been determined in accordance with the legal regulations that apply certainly. So that, the services provided had been having a legal aspect could be accounted for. This was in accordance with the principles of public service contained in the Decree of the Minister for administrative reform Number 63 in 2003 on common guidelines for the implementation of public service i.e. accuracy and security where in both of the principle of public service the

officers could be sued for providing a correct, appropriate, safe and legitimate and certainly to the patient. So from here, it was expected to create more trust from the public against the government agencies, especially health service. According to Haque (2001, p. 66-67) one of the criteria or a size commonly used in public service activities which were related to the level of public trust against the credibility of the government, the leadership and the responsiveness as the provider of the service to the needs of the community, especially the basic of needs.

4.2.2.2 The Flowchart of Service, the Flowchart of Complaint, the Requirement of Registration

The placement of the flowchart of health service in the community health center of Mojoagung was less strategic, it was not easily seen by people who came to visit, especially for the community who came to the community health center of Mojoagung for the first time. In addition, the flowchart of complaints for people who may felt less satisfied with the service provided by the community health center of Mojoagung also had not been installed. So it was also with the requirements of registration that must be met by the community in order to obtain a medical action. The aspects of clarity in accordance with the principles of public service as it contained in the Decree of the Minister for administrative reform Number 63 in 2003 where in the flowchart of services in a public institution must be also complied with in relation to the community's understanding of procedures and to the requirements that must be met by the community especially for people who first came to visit for medical treatment. The ease of the community in understanding the flowchart of service as well as the completeness of the requirements needed of course was expected to help smooth the implementation of health service in the community health center of Mojoagung.

4.2.2.3 Membership of Insurance Program

In the membership of the implementation of health service for poor and people who couldn't afford it, there were many poor and people who couldn't afford it that they had not been included in the list of people who deserved to get the insurance card due to the distribution was not right on the target. So it created a lot of complaints from poor and incapable of people to access health service. According to Mahmudi (2005, p. 205-210) public service which should be provided by the government were classified into two main categories, namely basic needs service and public service. In the service of the basic needs, one of the types of service that provided, it was health service where health service was service that was also included in the classification of the public service. The head of village, the apparatus of neighborhood/the apparatus of harmonious citizens were the state apparatus had a fairly significant role in the success of the implementation of public service because they were the closest to the community and they certainly more knowing the actual condition of the community. It was expected with the distribution of this insurance card would not create contrary with one of the conditions of health service that was easy to reach, especially from the point of cost (Azwar, 1996, p.38). This was because during these health service could be only enjoyed by people who could afford it financially. So with the distribution of the insurance card was expected to be more helpful people especially for poor and people who couldn't afford it in obtaining health service.

5. Conclusion

Overall health service in the community health center of Mojoagung was already good enough. The community health center of Mojoagung didn't dictate anyone of society was eligible to receive social assistance programs from the government. The community health center of Mojoagung couldn't arbitrarily increased or decreased the types of service that exist, due to the community health center of Mojoagung under the supervision of Department of Health. In general, people who had not yet to understand the flowchart of health service in the community health center of Mojoagung were the community who came to the community health center of Mojoagung for the first time. There was some use of the infrastructure in the community health center of Mojoagung had not been in line with the expectations of the community. But there was no difference between poor patients and people who couldn't afford it with the general patients. The difference was simply in the accommodation and for the user of insurance card did not spend money at all while the general patients must pay in accordance with the provisions already in force.

Supporting factors in providing health service in the community health center of Mojoagung are human resources, revenue of the community health center of Mojoagung, infrastructure and the location of the community health center of Mojoagung. While for inhibiting factors are human resources; the flowchart of service, the flowchart of complaint, the requirement of registration; membership of insurance program.

References

- Act No. 22 of 1999* on Local Government (Article 11, point 2) Jakarta, Directorate General of Autonomous Region.
- Act No. 32 of 2004* on Local Government (Article 14, point 1d, 1e, 1f) Jakarta, Directorate General of Autonomous Region.
- Albury, David. (2005) Fostering Innovation in Public Services. *Public Management and Money* [Internet], 25 (1) January, pp.51-56. Available from :<<http://papers.ssrn.com>> [Accessed 24 March 2013].
- Anonymous (2011) Jumlah dan Persentase Penduduk Miskin, Garis Kemiskinan, Indeks Kedalaman Kemiskinan (P1), dan Indeks Kearifan Kemiskinan (P2) Menurut Provinsi, 2011. *Kemiskinan* [Internet] 16 March. Available from :<http://www.bps.go.id/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=23¬ab=1> [Accessed 16 March 2013].
- Azwar, Azrul. (1996) *Menuju Pelayanan Kesehatan yang Lebih Bermutu*. Jakarta, Yayasan Penerbitan IDI.
- Azwar, Azrul. (1996) *Pengantar Administrasi Kesehatan*. Edisi Ketiga. Jakarta, Binarupa Aksara.
- Bloch, Carter. 2010. *Towards a conceptual framework for measuring public sector innovation*. Swedish, Nordic Research Project.
- Cheshire, Karen. (2010) *Decentralization of Health Care Systems as a strategy to increase access to medicines in the developing world* (HESO 449). Available from :<<http://accessmedicineseminar.files.wordpress.com>>. In: Berman, P.A. & Bossert, T.J. (2000). *A Decade of Health Sector Reform in Developing Countries: What Have We Learned?*. Available from :<<http://www.harvardschoolofpublichealth.org>>. [Accessed 15 February 2013]
- Decision of the Minister of State administrative reform Number 81 of 1993* on Guidelines for Public Service (point 6) Jakarta, Ministry of State Administrative Reform.
- Decision of the Minister of State administrative reform Number 63 of 2003* on the Guidelines of The Organization Of The Public Service(Article 3, point a, b, c, d, e, f, Article 5, point a, b) Jakarta, Ministry of State Administrative Reform.
- Decision of the Minister of State administrative reform Number 25 of 2004* on the General Guidelines for Preparing the Index of Satisfaction Community Service Unit of Government Agencies (point 4) Jakarta, Ministry of State Administrative Reform.
- Frederickson, H. George. (1991) Toward a Theory of the Public for Public Administration. *Administration and Society* [Internet], 22 (4) February, pp.395-417. Available from :<<http://aas.sagepub.com>> [Accessed 22 March 2013].
- Government Regulation No. 25 of 2000* on the Authority of the Government and Authorities of the Provinces as Autonomous Regions (Article 2, Article 3, Article 4) Jakarta, Directorate General of Autonomous Region.
- Government Regulation No. 102 of 2000* on National Standardization(Article 1, point 1) Jakarta, National Standardization Bodies.
- Haque, M. Shamsul. (2001) The Diminishing Publicness of Public Service under the Current Mode of Governance. *Public Administration Review* [Internet], 61 (1) January-February, pp.65-78. Available from:<profile.nus.edu.sg> In: Ozlak, Oscar. (1997) *The Argentine Civil Service: An Unfinished Search for Identity*. Available from :<www.polipub.org>. [Accessed 15 February 2013].
- Koch, P. and Hauknes, J. (2005) *On Innovation in the Public Sector - Today and Beyond*. Research Report. Oslo, Publin Research Project.
- Loubiere, S., Boyer, S., Protopopescua, C., Bononod, C.R., Abegad, S., Spirea, B. & Moattia, J. (2009) Decentralization of HIV care in Cameroon: Increased access to antiretroviral treatment and associated persistent barriers. *Health Policy* [Internet], 92 (2-3) October, pp.165-173. Available from :<<http://www.ncbi.nlm.nih.gov>> [Accessed 21 March 2013].
- Mahmudi. (2005) *Manajemen Kinerja Sektor Publik*. Yogyakarta, UPP AMP YKPN.
- Moenir, H.A.S. (2002) *Manajemen Pelayanan Umum Di Indonesia*. Jakarta, Bumi Aksara.
- Pasolong, Harbani. (2008) *Teori Administrasi Publik*. Bandung, ALFABETA, cv. In: Sinambela. (2005) *Reformasi Pelayanan Publik*. Jakarta, Bumi Aksara.

Peters, D.H., Garg, A., Bloom, G., Walker, D.G., Breiger, W.R. & Rahman, M.H. (2008) Poverty and Access to Health Care in Developing Countries. *Annals of the New York Academy of Sciences* [Internet], 1136 October, pp.161-171. Available from :<<http://www.ncbi.nlm.nih.gov>> [Accessed 22 March 2013].

Schachter, HIndy Lauer. 1995. Reinventing Government or Reinventing Ourselves: Two Models for Improving Government Performance. *Public Administration Review* [Internet], 55 (6) November-December, pp.530-537. Available from :<<http://www.jstor.org>> [Accessed 22 March 2013].

Topatimasang, Roem, et.al. (2005) *Sehat itu Hak: Panduan Advokasi Masalah Kesehatan Masyarakat*. Edisi Kedua. Jakarta, Koalisi Untuk Indonesia Sehat (KuIS).