CHAPTER I

INTRODUCTION

A. Background

An evaluation service is very necessary, so a service or program can run as expected. Evaluation serves as a tool that aims to improve services, develop activities or programs that are running, build services to be better, become accountability and increase knowledge, selection, and motivation.

Public services basically involve a very broad aspect of life. In the life of the state, the government has a function to provide various services in the form of regulation and other services in order to meet the needs of the community in the fields of health, education and infrastructure.

Public services have been required, and shown to all groups of people without exception, including for minorities. The best services provided, of course, will further increase the sense of public trust in the government. One of the minorities is the disabled or people with disabilities.

People with disabilities are group of people who have limitations that can hamper their participation and role in people's life. Indonesia participates in signing conventions on the rights of people with disabilities and entrusts this country to adopt policies that protect the movement for people with disabilities regarding health services that are vulnerable to gender, including health rehabilitation (Nurhidayati, 2016). The appearance of disability can be based on health problems that arise from birth, chronic or acute, and injuries that might be caused by accidents, and disasters.

People with disabilities almost exist in various parts of the world and almost all in all groups of people and the number of people with disabilities continues to grow from year to year. Quoted from the Inclusion of People with disabilities in Indonesia, approximately 15% of the world's population, namely people with disabilities, is approximately 1 billion people, and belongs to the largest minority group in the world. At least 82% of people with disabilities are in developing countries and below the poverty line, and they often experience limitations in accessing health, education, training, and decent work. People with disabilities are classified as more vulnerable to poverty in each country that can be measured, both with traditional economic indicators, such as GDP or more non-monetary financial aspects including living standards, such as education, health and living conditions. The risks posed by women with disabilities are greater than those of men with disabilities due to their very limited opportunities for education and skills development caused by poverty ((ILO), 2013).

Approximately 785 million disabled of women and men are of working age, but most of them do not work. Some of those who work generally have less income than non-disabled workers. The cause of alienating people with disabilities from the workforce is that GDP gets a loss of 3 to 7%. People with disabilities are often exiled from education, vocational training, and employment opportunities. In some developing countries, more than 90% of children with disabilities do not attend school (UNESCO) while only 1% of women with disabilities can read (UNDP) ((ILO), 2013).

In Indonesia, people with disabilities have received special attention from the government, one of them is the Law that regulates Disabled People, namely the

Republic of Indonesia Law Number 8 of 2016 which was ratified in 2017 and several Regional Regulations governing specifically people with disabilities.

In Law No. 8 of 2016 Article 1 paragraph (1) concerning People with disabilities, People with disabilities are people who experience limitations, physical, intellectual, mental and/or sensory for a long period of time who interact with the environment, and experience obstacles and difficulties to participate fully and effective with other citizens based on equal rights.

Many people with disabilities face obstacles and restrictions in various ways making it difficult to access adequate education and decent work. People with disabilities find difficulty to work as a source of livelihood, so their many living needs cannot be fulfilled.

Focussing on meeting the needs of people with disabilities at the global level is marked by the ratification of the Convention on the Rights of People with disabilities on December 13, 2016 at the UN General Assembly *(Majelis Umum PBB)* (http://http://bappeda.jogjaprov.go.id). The convention contains of state obligations in realizing the rights contained in the convention through affirmative regulation and policy with the principle of respect for inherent dignity, individual autonomy (including freedom to make choices and individual independence), non-discrimination, full and effective participation in society, equality of opportunity, accessibility, equality between men and women, respect for the growing capacity of children with disabilities and respect for the rights of children with disabilities to maintain their identity. The convention was followed up by the Government of Indonesia by issuing Law Number 19 Year 2011.

Table 1.1 Percentage of Disabled Persons by Province

Based on Sasenas Data in 2012

No.	Provinces	Persentage (%)
1.	Bengkulu	3,96
2.	DI Yogyakarta	3,89
3.	Gorontalo	3,87
4.	Bangka Belitung	3,67
5.	Nusa Tenggara Barat	3,59
6.	Jawa Tengah	3,19
7.	Sulawesi Tenggara	2,97
8.	Sulawesi Tengah	2,82
9.	Sulawesi Selatan	2,78
10.	Sumatera Barat	2,78
11.	Nusa Tenggara Timur	2,62
12.	Jawa Timur	2,59
13.	Jambi	2,58
14.	Aceh	2,56
15.	Kalimantan Tengah	2,44
16.	Kalimantan Timur	2,39
17.	Bali	2,37
18.	Sulawesi Utara	2,35
19.	Sumatera Selatan	2,35
20.	Kalimantan Selatan	2,30
21.	Lampung	2,30
22.	Jawa Barat	2,22
23.	Kalimantan Barat	2,15
24.	Sulawesi Barat	2,13
25.	Maluku Utara	2,07
26.	Banten	2,06
27.	Maluku	1,79
28.	Riau	1,78
29.	Sumatera Utara	1,71
30.	Kepulauan Riau	1,58
31.	DKI Jakarta	1,32
32.	Papua Barat	1,27
33.	Papua	1,05
	Indonesia	**2,45%**

Sources : Kementerian Kesehatan RI 2014

From the table above, it explains that there are still many regions in Indonesia that still face the same problems in completing and providing services to people with disabilities; one of which is the Special Region of Yogyakarta including the provinces

in Indonesia which have the most people with disabilities and second place in the province . However, the higher number of people with disabilities in the area, the higher burden or responsibility held by the area or the local government in providing comprehensive and maximum services to people with disabilities in the area.

Indonesia is a country that has experienced steady progress in increasing per capita income and progress in reducing poverty. However, Indonesia faces challenges in achieving equitable development. Poverty is a problem that still disturbs many people in Indonesia, especially for people who have a shortage of one of them with disabilities (Umami, 2018).

People with disabilities belong to the category of People with Social Welfare Problems (PMKS). The development of people with disabilities in DIY from 2012-2015 has decreased. At least 25,050 people who have been registered as people with disabilities are included in the list of People with Social Welfare Problems (PMKS) in the Special Region of Yogyakarta (http://bappeda.jogjaprov.go.id).

In the Special Region of Yogyakarta, the distribution of people with disabilities based on districts/cities in 2015 is stated as follows:

Table 1.2 Distribution of People with Disabilities

Based on Regency/City in DIY in 2015

Regency/City	Number of people with disabilities (people)
Yogyakarta City	1.913
Bantul Regency	5.437
Kulon Progo Regency	4.399
Gunungkidul Regency	**7.860**
Sleman Regency	5.535
Total	25.050

Sources: http://bappeda.jogjaprov.go.id

From the table 1.2, Gunungkidul district is the district that has the highest number of people with disabilities, namely 7,860 people with disabilities. With the large number of people with disabilities in Guningkidul, the government must work harder in providing maximum and optimal services and evenly distributing to people with disabilities in the DIY area, especially in Gunungkidul Regency and its surroundings. In addition, the large areas and quite heavy terrain conditions pose a challenge to carry out services from the center.

For making it easier for people with disabilities in DIY, the local government has done alot and provided the program for people with disabilities, both in the fields of transportation, education and health. One program in the field of health that has been carried out by the DIY government to date is the Special Health Insurance (*JAMKESUS*).

The beginning of the implementation of the Jamkesus was based on the Governor Regulation No. 51 of 2013 concerning the System for the Implementation of Special Health Insurance for People with disabilities. In the regulation, it was stated that the definition of Special Health Insurance for people with disabilities or Jamkesus Disability is health insurance for people with disabilities which aims to provide health services that are sustainable, accessible, and affordable, and to provide medical devices for people with disabilities according to medical indications (Aris Widiyanto, 2016).

The *Jamkesus* membership in 2015 and 2016 was amounted to 25,170 people. Of this number, less than 10% of disabled people in DIY accessed Jamkesus services. In 2015, the Jamkesus service was accessed by 1,617 people with disabilities while in

2016 until September 2016, the Jamkesus service was accessed by 1,150 people with disabilities. From these data, it was concluded that the low number of people with disabilities accessing the Jamkesus service was caused by several aspects, including related to the validity of participation, understanding of people with disabilities to Jamkesus services, and provision of facilities and health-friendly staff for people with disabilities (Aris Widiyanto, 2016).

The Special Health Insurance Program (*JAMKESUS*) DIY Disability has been implemented since 2013 with the aim of providing services and assistance to people with disabilities especially in the health sector. This program is driven by Social Assurance Center of DIY *(Badan Penyelenggara Jaminan Kesehatan Sosial DIY)*. This service is provided free of charge to people with disabilities in DIY.

This program is also one of the best and most beneficial programs for people with disabilities because in this program, disability entrepreneurs can get services that cannot be obtained from other health insurances such as getting help with aids in accordance with what is needed by people with disabilities and getting social security.

On the other hand, this program still has many obstacles that have not been resolved and need to be explored by what factors of the obstacles of the program are the obstacles of the program. Starting from the implementation of programs, the data collection and participation that are still confusing, so that recipients of Social Security Assurance who often do not know whether they are registered to receive *Jamkesus* services or not, and service systems, service quality standards, and service capacity and service personnel are still inadequate. From this problem, the government must pay more attention to improv the services that will be provided to

the community, so services can be enjoyed by the recipient of the service (Priyanto, 2016).

From the background above, the researcher wants to research and explore the Evaluation of Special Health Insurance Programs for People with Disabilities in Gunungkidul Regency Year 2018.

B. The Formulation of the Problem

Based on the background described above, the researcher formulate the problem as follows: ***What are the results of the evaluation of special health insurance program for people with disabilities in Gunungkidul Regency in 2018?***

C. The Purpose of the Research

Based on the problem formulation above, the purpose of this research is: To find out the results of the evaluation of health insurance programs for people with disabilities in Gunungkidul Regency in 2018.

D. The Benefits of Research

1. Theoritical

    This research is expected to be one of the sources of reference and input for development in adding to the study of public services, especially in maximizing health insurance programs specifically for people with disabilities.

2. Practical

    - This research is hoped that it can provide input to the government and the relevant agencies related to the results of the evaluation of the special health insurance program for people with disabilities in Gunungkidul Regency.

-   This research is also expected to improve the quality of the Special Health Care Program for people with disabilities, so the needs of people with disabilities in the health sector can be fulfilled.

E. Literature Review

No.	Title (*Jurnal*)	Contents
1.	The Determinants of Utilization of Puskesmas in Children (*Jurnal Admdinistrasi Kesehatan Indonesia Vol.4-2016*)	The research conducted by *Orin Annahriyah Syukria & Stefanus Supriyanto (2016)*, aimed to describe the factors that might influence primary health access to care for children with disabilities in the Districts of Gubeng and Mulyorejo. The use of puskesmas for children with disabilities in the area was 31.82%, which means that it was still low compared to other health services (Syukria & Supriyanto, 2016).
2.	The View of Disability and Accessibility of Public Facilities for People with disabilities in Malang City (*Indonesia Jornal of Disability Studies 2014*)	The research was conducted by *Slamet Thohari (2014)*, which explained the results of a survey conducted in 125 public facilities. For example, 72% of public facilities were inaccessible, 24% were accessible and 0% was accessible in accordance with existing regulatory standards, and many more facilities- facilities that cannot be fulfilled (Thohari, 2014).
3.	The Legal Review of Public Service Facilities for People with disabilities (*Lex Crime: ejournal.unsrat.ac.id 2016*)	The research conducted by *Fanny Priscyllia (2016)* aimed to find out how the state's responsibility for the assurance of accessibility for people with disabilities related to the laws and regulations was and how accessibility to public service facilities for disabled people was provided. (Priscyllia, 2016).

4	The Fulfillment of Rights for People with disabilities in Semarang Regency through the Implementation of the Convention on Rights of People with Disabilties (CPRD) in the field of Education (*INTEGLARISTIK 2017*)	The research conducted by *Eta Yuni Lestari, Slamet Sumarto, & Noorochmat Isdaryanto (2017)* in Semarang Regency showed that efforts to fulfill the rights of people with disabilities especially in education midwives were to provide education facilities starting from the lowest level of kindergarten (TK) to high school Upper (high school). The relationships obtained were the absence of government owned Rehabilitation Centers, limited professional or competent human resources owned, lack of family awareness of people with disabilities because of shame and choosing to hide their children, lack of costs for people with disabilities, and lack of infrastructure in schools with disabilities (Lestari, Sumarto, & Isdaryanto, 2017).
5.	The Effectiveness of the Community Resource Rehabilitation Program (RBM) on People with disabilities in Bantul Regency (*Jurnal UNY 2017*)	The research conducted by *Irfan Adhi Kurniawan & Sugu Rahayu (2017)* aimed to determine the effectiveness of implementing the Community-sourced Rehabilitation Program (RBM) showed that the implementation of the program can be said to be ineffective based on five indicators, including health, education, livelihoods, empowerment, and social indicators (Kurniawan & Rahayu, 2017).
6.	The Implementation of Special Health Insurance for People with disabilities (*Jurnal Pekerjaan Sosial, Vol.1 No. 3-2018*)	The research conducted by *Mutia Rahmi, Nurliana Cipta Apsari, & Ishartono (2018)* explained that in the implementation of the BPJS Health policy for people with disabilities, there was no policy that specialized for disabled people receiving health access specifically for their health needs. However, in the regulations that serve guidelines for BPJS

		implementation, there are regulations that discuss medical devices that could be borne by BPJS costs, in which there were several health needs required by people with disabilities (Rahmi, Apsari, & Ishartono, 2018).
7.	The Implementation of the Fulfillment of Rights for People with Employment Disabilities in Semarang (*Kanun Jurnal Ilmu Hukum Vol. 20 No.1-2018*)	The research conducted by *Ismail Shaleh (2018)* concluded that the implementation of the fulfillment of the rights for people with disabilities in the field of employment in Semarang had not been fully implemented, and there were several factors that made the Semarang City Government implement the fulfillment of employment rights for disabled people in Semarang (Shaleh, 2018).
8.	The Public Services for the Fulfillment of Disability Rights in the City of Yogyakarta (*jurnal.uny.ac.id)*	The research conducted by *Sugi Rahayu & Utami Dewi (2014)* concluded that a number of programs and development had been carried out by the Yogyakarta City Government in providing education, transportation, social and employment services. As for health services, existing services such as JAMKESMAS, JAMKESOS, and JAMKESDA had not met all the needs of people with disabilities (Rahayu & Dewi, 2014).
9.	The Fulfillment of accessibility for people with disabilities (*INKLUSI, Vol. I, No.2-2014*)	The research conducted by *M. Syafi'ie (2014)* explained that accessibility was a very important discussion for people with disabilities because it encouraged equal participation and independence in society. Accessibility is divided into two types, namely physical which refers to accessibility in relation to buildings and the environment and non-physical related to communication, information and

		technology. This study concluded that although Indonesia had implemented regulations on accessibility for people with disabilities, its implementation was ineffective, and discrimination still occured in the population (Syafie, 2014).
10.	The Role of the Social Service in Improving Disability Welfare in Balikpapan City (*e-Journal Sosiatri-Sosiologi 2018)*	The research conducted by *Tri Puji Arianti (2018)* explained that the role of the Social Service in improving the welfare of Disabilities in Balikpapan City related to social welfare Disability had a scope of protection and empowerment which includes accessibility, equality of opportunity, rehabilitation and social assistance. As for some of the problems faced by the Department of Social Affairs at this time, they had not provided adequate infrastructure, and had not been able to facilitate access to services and the limited budget available (Arianti, 2018).

From some of the descriptions of the studies above to the previous research, it can be seen that the research conducted by the researcher has an association with previous studies. However, the research conducted has a position or focus which is different from the previous research. The research conducted was an evaluation of the health insurance program specifically for people with disabilities in Gunungkidul Regency in 2018.

F. Theoritical Framework

1. Theory of Program Evaluation

1.1. Definition of Program

In a sense, program is the elaboration of a plan. In this case, program is a part of planning. Often, it also means that program is the basic framework of

the implementation of an activity. Program can also be referred to as designs on principles, and efforts to understand the meaning of the program based on (Mutiarin & Zaenudin, 2014).

Acording to (Siagan, 2006: 127), the program can be interpreted into two terms, namely programs in a special sense and programs in the general sense. General understanding means that the program is a form of the plan that will be implemented. If the program is directly related to program evaluation, the program is defined as a unit or unit of activity which is the realization or implementation of the policy, which takes place in a continuous process, and which occurs in an organization involving a group of people. Thus, it should be emphasized that the program has three important elements, namely:

a. The program is the realization or implementation of a policy.

b. The program occurs in a long period of time, and it is not a single activity but multiple continuous.

c. The program occurs in organizations involving a group of people.

A program is not only a single activity that can be completed in a short time, but it is a continuous activity because it implements a policy. Therefore, a program can take place in a relatively long period of time. The program implementation always occurs in an organization which means that it must involve a group of people (Jaedun, 2010).

1.2. Definition of Evaluation

Evaluation or assessment activities, baed on Supriyanto and Damayanti (2007) cited in (Lestyoningrum & Haksama, 2014), is an integral part of

management functions, and is based on management information systems. Evaluation is carried out because of the encouragement or desire to measure the achievement of work results or program implementation activities against the objectives set. Evaluation is intended to obtain relevant information for decision making.

According to (Fahrurrozi, 2016), evaluation is a process of giving consideration to the value and meaning of something that is considered to something that can be in the form of people, objects, activities, circumstances, or a particular unit/group such as a program/project.

Aji et al. (1984) cited in (Fahrurrozi, 2016) argued that evaluation is an attempt to measure and value objectively the achievement of previously planned results. Evaluation becomes one of the management functions seeks to question the effectiveness and efficiency of the implementation of a plan while simultaneously measuring subjectively the results that support or do not support a plan. Therefore, the success of program plans and activities can only be proven by evaluation.

The law No. 25 of 2004 concerning the National Development Planning System and the Government Regulation No. 39 of 2006 concerning Procedures for Controlling and Evaluating the Implementation of the Development Plan defines evaluation, namely a series of activities that compare the realization of inputs, outputs, and outcomes to plans and standards.

In general, the term evaluation can also be equated with appraisal, rating, and assessment, words that express an effort to analyze policy outcomes in terms of unit values. The meaning of evaluation is specifically related to the production of information about the value or benefits of policy outcomes. In this case, it is said that policies or programs have reached a meaningful level of performance, which means that the problems of policies or programs have reached meaningful levels of performance, which means that policies or program problems are made clear or overcome (Dunn, 2003:608)

(Dunn, 2003) suggested that evaluation can be carried out before policy (summative evaluation), namely an assessment of the impact of a program, or it can be called an outcame evaluation, or after the policy is implemented (formative evaluation) is a process of the program commonly called process evaluation.

1.3. Definition of Program Evaluation

There are several definitions from experts regarding program evaluation. According to Ralp Tyler (1950), the definition of program evaluation is a process to find out whether the program objectives can be realized. Whereas, according to Cronbach (1963) and Sufflebeam (1971), program evaluation is an effort to provide information to be conveyed to decision makers (Arikunto, 2007)

From the various definitions above, it can be concluded that by program evaluation is an activity to gather information about the workings of a government program which then, information is used to determine alternatives

or choices that are fixed in making a decision or to improve a program that has been running and not relevant applied (Mutiarin & Zaenudin, 2014).

1.4. The Concept of Evaluation

According to William N Dunn, there are several criteria for evaluating a policy, namely (Dunn, 2003), among others:

1) Effectiveness is a measure that states how far the target (quality, quantity, and time) are achieved by governance, and whether the desired results have been achieved. Effectiveness is called effective if the goal or target is predetermined.

2) Efficiency, namely the accuracy of the use of existing resources and the accuracy in the use of costs by utilizing the obtained. Efficiency is more to see how to achieve the results achieved by comparing the input to the output.

3) Equity is a criterion to measure the accuracy of the use of costs and benefits whether it is distributed equally to the target group.

4) Responsiveness is a criterion for measuring suitability between programs and activities. It is in accordance with needs, references or values of certain groups.

5) Accuracy is to measure the results of the desired goal whether it is really useful or valuable.

In this research, the researcher used Dunn's theory as the basis for measuring analysis of program evaluation indicators. The use of the theory is based on more comprehensive program evaluation indicators. Hence,

this study used Dunn's theory by applying the six indicators that have been able to represent other theories and produce analysis with a scope that covers all aspects of the study of evaluation.

The CIPP evaluation model (*Connect, Input, Process, Product*) based on (Tayibnapis & Yusuf, 2000) are:

a) *Connect evaluation to serve planning decision* is the context of evaluation that helps administrators to plan decisions, determine program requirements, and formulate program objectives.

b) *Input evaluation and structuring decision,* activities that aim to help regulate decisions, determine existing sources, what alternatives will be taken, what plans and strategies to achieve needs and how work procedures to achieve them.

c) *Process evaluation, to serve implementing decision*, activities that aim to help implement decisions. The appropriate question in this activity is until the plan has been implemented, what is the plan in accordance with work procedures, and what must be corrected.

d) *Product evaluatin, to serve recycling decision,* activities that aim to help the next decision. The appropriate question in this activity is what results have been achieved and what is done after the program is running.

The evaluation process does not only end with a description of the state of the system in question, but it must arrive at judgment as a conclusion of

the evaluation results. This model demands that the evaluation results be used as input for decission making in order to improve the overall system (Arifin, 2010).

1.5. The Purpose of Evaluation

There are two evaluation objectives, namely general purpose which is directed toward the program as a whole, while the specific objective is more focused on each component (Arikunto, 2002:13). Basically, the final goal of the evaluation is to provide material considerations to determine or to make certain policies begun with a process.

According to (Riant Nugroho, 2003: 51), evaluation goals, are.:

1) To determine the level of achievement of policy goals and objectives that have been implemented.

2) To measure the level of achievement of policy goals and objectives that have been implemented.

3) To measure the level of outcome and impact of a policy

4) To find out whether there are possible deviations between the goals and objectives and the achievement of the target.

5) To become input for the future policy process to produce better policies (feedback).

2. **Public Services**

2.1. Definition of Public Services

According to Law No. 25 of 2009 concerning Public Servants, public service are activities or service requirements for every citizen and resident for

administrative goods, services and or services provided by public service providers.

Public services, according to (Risna, 2018), are all forms of services, both in the form of goods and public services which in principle, are the public services responsibility and carried out by Government Agencies at the Center, in the Region, and the environment of State-Owned Enterprises and Regionally-Owned Enterprises, in the effort to fulfill community needs and framework for implementing regulatory provisions.

In the context of public services, based on (Moenir Kurniawan 2005: 7) cited in (Risna, 2018), it is activities carried out by a person or group of people on the basis of material factors through certain systems, procedures and methods, and must fulfill the interests of others in accordance with their rights.

In the Indonesian Language Dictionary (1990) in (Galih, 2012), public services are formulated as follows:

a) Services are matters or ways of serving.

b) Services are facilities provided in connection with the sale and purchase of goods and services.

c) Medical services are services that a person receives in relation to prevention, diagnosis and treatment of a particular health disorder.

d) Public means many people (general)

For establishing public service standards, according to Menpan Decree No.63/2004 cited in (Khozin, 2014), standards at least include:

a. Service procedure, which is done for the giver and recipient of the service.

b. Settlement time, which is determined from the time of filing the application to the completion of the service, including complaints.

c. Service costs, namely service rates, including details specified in the service delivery process

d. Service products, namely the results to be received in accordance with the establibshed conditions.

e. Facilities and infrastructure, namely providing adequate service facilities and infrastructure by service providers.

According to (Hardiyansyah, 2011), public services can be defined as all forms of services, both in the form of public goods and public services which in the principle, they are the responsibility and carried out by government agencies in an effort to fulfill community needs and in the implementation of statutory provisions.

2.2. Types of Public Services

Public services provided by the government can be clarified into two categories, namely basic needs and public services. In public services, health services are included in the category of basic needs services. The availability of health services can be defined as the capacity of the health system to increase the coverage of access and security of service quality in the form of improving status and health equity, responsive services, protection of social and financial risks, and increasing efficiency (Sjaaf & Darmawan, 2016).

The effective role of government in the health system is critical, and it plays an important role for three reasons, namely:

1) Health is central to alleviate poverty, because people often have lack information about health due to poverty.

2) Households spend a small amount of money on health because they ignore externalities (such as transmission of disease).

3) Markets will invest too little in health infrastructure and research and development due to market failures (Todaro & Smith, 2003)

Based on (Al-Hamdi, 2017: 35) quoted from Linebery, classifying several vital services in the municipality, namely :

1) Conservation of life, such as police, sanitation and public health.

2) Freedom such as police, court and prosecutor.

3) Prosperity, for example zoning, planning and taxes.

4) Public enlightenment, such as schools, collages and libraries.

The use of the inner Lineberry theory cited in (Al-Hamdi, 2017: 35) regarding two types of urban public services will be combined, namely first is immovable facilities which can usually be found in various points in the community for example fire stations, and libraries are representatives of this type. Second, mobile facilities are such as policing and garbage collection. Where at this time, schools or universities and hospitals have provided mobile facilities, such as online registration, online examinations, mobile libraries, mobile health care and payment using online methods, so this activity can be carried out in that place alone or not, and wherever and anytime. Therefore, health is part of the public service aimed at the community (Umami, 2018).

3. People with Disabilities

3.1.Definition of People with Disabilities

Disability is generally described as the inability of humans to do things as they should (Karuniasih, Nugroho, & Kamajaya). According to the Indonesian Dictionary (KBBI), the person is interpreted as someone who is suffering from something. (Kamus Besar Bahasa Indonesia.2008. Edisi IV. Jakarta).

According to Law No. 8 of 2016, people with disabilities are those who experience physical, intellectual, mental, and/or sensory limitations for a long period of time in interacting with the environment can experience obstacles and difficulties to participate fully and effectively with other citizens based on similar rights. Meanwhile according to DIY Regional Regulation Number 5 of 2017 concerning the System for the Implementation of Special Health Insurance for people with disabilities, people with disabilities is any people who experience mental, intellectual, or sensory disorders, abnormalities, damage and / or loss in certain or permanent periods and face physical and social environmental barriers.

Disability is a physical or mental disorder or lack of senses that is owned by someone who causes the person to be unable to carry out their functions like a normal person in a community, so they are often referred to as someone having a social disorder (Thohari, 2017).

People with disabilities are a diverse group of people, including people with disabilities who have physical disabilities, mental disabilities, and joint

disabilities from physical disabilities and mental disabilities. The term disability is very diverse. The Ministry of Social Affairs *(Kementerian Sosial)* states that people with disabilities are a "disabled defender"; the Ministry of National Education *(Kementerian Pendidikan Nasional)* refers to the term "with special needs", while the Ministry of Health mentions this as "disabled".

3.2. Types of people with disabilities

According to the Law of people with disabilities, the types of disabilities can be grouped into two things, such as:

1. People with Physical Disabilities:

   a. Blindness is someone who experiences inhibition of movement mobility caused by loss of or reduced function in vision from birth, due to accidents or illness. Blindness consists of:

      1) Total blindness: unable to see at all objects (loss of vision function).

      2) Perception of light: someone who can distinguish light or not, but cannot determine the object or object in front of it.

      3) Having residual vision (low vision): someone who can still see objects in front of her or him and cannot see the fingers being moved within one meter.

   b. Deaf/Speech is a disability as a result of loss or disruption of hearing function and/or speech function caused either by birth, accident or disease.

c. T*unadaksa* is a defect in members of the body or can be interpreted as a condition that is damaged or disturbed, as a result of a disruption of shape or an obstacle in the bone, a muscle in its normal function. This condition is caused by disease, accident or can also be caused by the nature of birth (Soemantri, 2006).

2. People with Mental Disabilities

a. *Tunalaras* is grouped with children who experience emotional disturbances. It is disorder that arises in individuals in the form of behavioral disorders, such as self-harm, like to attack friends and others.

b. *Tunagrahita* is often known as mental disability, is mental ability that is below normal. The measure of the level of intelligence or commonly refers to as IQ. Patients can be grouped as follows:

1) Low-grade of intellectail disability *(tunagrahita ringan)*: people are looked physically normal, have an IQ of 50-70. They also include groups that are able to be educated. They can still be educated and (taught) reading, writing and counting. This mildly mentally disabled child can usually complete 4th grade level education.

2) Medium of intellectual disability *(tunagrahita sedang)*: people are looked or physical condition already seen. However, there are some older children who have normal physical condition. This

group has an IQ between 30-50. They usually finish their level 2 elementary school education.

3) People with multiple physical and mental disabilities are those who carry more than one type of excellence. For example, people with visual impairments are deaf at the same time, disabled people are accompanied by mental disability or even at the same time.

According to Cloridge (1997:42) cited in (Muntaz & Rahmawati, 2015), there are disability limitations, such as:

a) Physical limitations: people who use wheelchairs, semi-ambulances, and those who have difficulties in difficulty in muscle movement (forced disability *(disabilitas daksa)*).

b) Sensory limitations: include blind and hearing disability (sensory tools).

c) Intellectual limitations: sexual disability or often called mental disability.

According Marjuki (2009) cited in (Muntaz & Rahmawati, 2015), there are 3 categories of disability according to WHO, namely:

a) Impairment: disability which is loss or abnormality in both physiological and anatomical structure or function abnormalities.

b) Disability: people who have the inability to perform certain activities as normal people serve due to impairment conditions

c) Handicap: disability experiencing difficulties in personal, family and community life, both in the social, economic and psychological fields experienced by a person caused by these abnormalities.

G. Conseptual Definition

Conceptual definition is one of the important elements, and provide definitions used by researcher to describe abstractly a natural phenomenon. The conceptual definition of the researcher is as follows:

1. Program evaluation is a planned activity to find out the results of success or quality of a program that has been designed, so it can be used as decision making, service improvement, and service improvement so that it is achieved in accordance with the objectives.

2. Public services is activities or a series of activities to meet the service needs of an organization or government agency, both services and goods in accordance with the interests of the community.

3. People with disabilities, namely a person or group who has the ability and limitations of themselves and has physical and mental disorders.

H. Operational Definition

Operational definition is definition based on defined characteristics that can be observed. Indirectly, operational definition will refer to data collection tools that are suitable for use. To make it easier to analyze data, boundaries need to be identified with the purpose of answering research problems. In this study, the researcher use evaluation criteria from (Dunn, 2003) to evaluate the Special Health Insurance Program for People with disabilities in Gunungkidul Regency in 2018, namely:

No.	Variable	Indicator
1.	Effectiveness	- Clarity of the purpose of a program - Targets / achievements in running the program
2.	Efficiency	- Human resources available in running the program - Funds used in implementing the program
3.	Equity	- Availability of facilities provided in a program that is distributed evenly
4.	Responsiveness	- Response from the community for the results of the program that has been implemented
5.	Accuracy	- The results of the program can be felt and useful for the target.

I. Research Methods

1. Types of research

   In this study, the researcher used descriptive qualitative research. According to (Sudarwan, 2002) qualitative research is a type of research that more focuses on data collected in the form of words, images, and not in the form of numbers. In addition, based on obeying (Moleong, 2005), qualitative research is research that aims to know and understand the events or phenomena experienced by the subjects, such as behavior, perception, motivation, as a whole, and in description in the form of words and languages, in a specific natural context and by utilizing various methods natural.

   Qualitative research also requires a descriptive approach, as the descriptive approach is a method used to describe the condition of a particular object based on visible facts which is then followed by an attempt to draw a

conclusion in general based on some of these historical facts (Nawawi, 1994). Thus, this research used descriptive qualitative research based on the results of data from research which more focuses on the interview and observation approaches. Therefore, the research produced descriptive data in the form of speech and writing and the behavior of the people observed.

Therefore, the researchers conducted the research using a type of descriptive qualitative research in the research entitled the Evaluation of the Special Health Insurance Service Program for People with disabilities in Gunungkidul in 2018.

2. Research Location

The location of the study is the place where the research was conducted where the research captured the actual state of the object under study to obtain the data and information needed.

This research was conducted in Gunungkidul Regency as an object of research location that implemented a special health insurance program.

3. Analysis Unit

The data analysis unit in this research is a unit in the form of groups, individuals, objects or a background of social events, such as group or individual activities as a research subject (Hamidi, 2005). In this research on Disability Special Health Insurance Service Evaluation in Gunungkidul Regency in 2018, the researcher selected a data analysis unit by conducting interviews with the DIY Social Health Insurance Organizing Service Unit *(Balai Penyelenggara Jaminan*

Kesehatan Sosial DIY) as the unit responsible for the Jamkesus program and the Gunungkidul Regency Social Service *(Dina Sosial Kabupaten Gunungkidul)* as the closest colleague of the Guarantee Organizing Agency DIY Social Health *(Badan Penyelenggara Jaminan Kesehatan DIY)*.

4. Types of Data

The type of data is where the subject of the data is from. In this research, the researcher used data from two sources as follows:

a. Primary Data

Primary data source is an object or original document or raw material from the interviewees/first hand information (Silalahi, 2012). The primary data source is obtained from the first source that comes from the agency that is related to the object of research and obtained through interviews. The research went directly to the Organizing Agency for DIY Health Insurance *(Badan Penyelenggara Jaminan Kesehatan Sosial DIY)* and the Social Service of Gunungkidul Regency *(Dinas Sosial Kabupaten Gunungkidul)*.

b. Secondary Data

Secondary data is a source of data obtained from available sources before (Silalahi, 2012). The secondary source through library research uses various references such as scientific books, journal articles, and regional regulations that are considered relevant to the object of research.

5. Data Collection Techniques

In order to get the desired data in this research, the researcher uses the following methods:

1) Interview

It is a process to dig up information which is known to be more in-depth by using several questions to the informants directly in the form of closed or open dialogues. According to (Salim, 2006), interview is a process to dig up information that researchers want to know more deeply about social symptoms that occur through submitting the necessary questions and answers directly from the informant. The obtained data consists of direct quotes or experience, opinions, feelings and knowledge of the resource person (Silalahi, 2012). The respondents who the researcher interviewed are:

No.	Respondens
1.	The Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY
2.	The Section Head of Health Insurance Services in the Social Health Insurance Administrator of DIY
3.	The Head of the Social Welfare in the Social Service of Gunungkidul Regency
4.	Staff of of the Health Insurance Services Division in the Social Service of Gunungkidul Regency
5.	Gunungkidul Regency Community

2) Documentation

According to Sugiyono, documentation is a record of past events. Documents are in the form of writing, drawing, or monumental works from

someone. Document study is a complement to the use of observation and interview methods (Sugiyono, 2008).

The needed data can be taken from other researcher and other resources. The document can be in the form of journals, books, theses, newspapers or magazines, and field photos which are relevant to the research, and it can support research.

6. Data Analysis

The analysis used by the researcher in conducting this research is qualitative analysis that is carried out directly with the process of systematically collecting data obtained from interviews and documentation..

Based on (Ningrum, 2015), quoted from Miles and Huberman, there are data analysisi process, as follows:

1. Data Collection is the process of collecting data at the location of research by conducting interviews, observation, and documentation, so it can determine the focal point and depth of the data in each subsequent data collection process.

2. Reduction is the selection process or simplifying the rough data obtained from the direct location which is then continued at the time of data collection.

3. Presentation of data is in the form of a series of collections of information that can enable research to be carried out.

4. Pullout conclusions means that the researcher must understand the data that has been obtained and must be responsive to the problems being studied.