

## CHAPTER III

### THE RESULT OF EVALUATION JAMKESUS PROGRAM

Based on the explanation above, this chapter will explain the Evaluation of the Special Health Insurance Program for People with disabilities in Gunungkidul Regency in 2018. The aim is to find out the problems and obstacles experienced in holding the Jamkesus program in Gunungkidul. For this reason, there are several indicators that will serve as benchmarks in this study.

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

In this study, the researcher used the theory of William N Dunn as the indicator in measuring program evaluations namely effectiveness, efficiency, equity, responsiveness and benchmarks in this study. For this reason, the researcher explains the results of this study based on the measurement indicators that are used as a reference in evaluating the *Jamkesus* program as follows:

#### **A. Effectiveness**

According to (Dunn, 2003), effectiveness is a measure to state how far the targets achieved by governance, and the achievement of the desired results have been achieved. In determining effectiveness, there are two indicators, namely the clarity of the goals of a program and the targets in achieving a program, namely the Special Health Insurance program (*Jamkesus*).

## **1) The Purpose of the Special Disability Health Insurance Program (*Jamkesmas*) in Gunungkidul Regency**

The concern of people with disabilities initially was began in 2012. The provincial government of DIY by initiating Regional Regulation Number 4 of 2012 concerning people with disabilities focused on people with disabilities where in the regional regulation an article appears which requires the provision of health insurance for people with disabilities who are in poverty.

The purpose of the *Jamkesmas* program is the fulfillment of the rights and access for people with disabilities to provide guaranteed health services that are sustainable, accessible, affordable and provide health aids for people with disabilities according to medical indications. However, the *Jamkesmas* program did not go well confirmed directly by Mr. Agus Priyanto as Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY as follows:

*“From 2013 to 2015, the objectives of the *Jamkesmas* program did not go well because the fulfillment of rights was not achieved. Thus in late 2015, we added a concept to the fulfillment of rights and access in order to facilitate people with disabilities in facilitating access to health services which then the program has become quite effective until now” (interviewed on July 16, 2019)*

From the interview with Mr. Agus Priyanto above, it was intended that the objective of the *Jamkesmas* program was the fulfillment of the rights and access of people with disabilities to be quite effective in late 2015 because in 2013, the fulfillment of the rights for people with disabilities was not achieved because the procedures for conducting health services are very difficult for people with

disabilities. Then, it was reaffirmed by Mr. Agus Priyanto as the Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY as follows:

*“With this new concept, the management of health services and medical measures are made one door or one stop services to shorten the procedure for disability services to get health insurance” (interview on July 16, 2019)*

Based on the interview results above, the change in concept made it easier for one door or *one stop service*. Where previously people with disabilities had to take care of several stages that were not possible for people with disabilities to get health insurance because they had difficult procedures where the previous program was carried out with 6 to 9 procedures that were carried out beforehand by persons with disabilities to obtain the provision of assistive devices or health financing.

With this concept change, health services from the Jamkesus Program were made one door or one stop service, which provides convenience in taking care of Health Insurance requirements such as administration of collateral, medical, membership, and assessment of the integrity of aids in one place and the same time. This service is called the Special Integrated Health Insurance Service (*Jamkesus*) which is expected to cut and streamline the time, energy and resources of people with disabilities.

Then, it was from the Social Service of Gunungkidul Regency itself as the closest colleague of the Social Health Insurance Administrator of DIY that was

confirmed by Mrs. Eka Sriwardani as the the Head of Social Welfare in the Social Service of Gunungkidul Regency she stated,

*“The goal of the Jamkesmas program in my opinion has been realized well, because we try our best to provide the best in fulfilling the rights and access for people with disabilities in Gunungkidul Regency” (interviewed on July 10, 2019)*

Based on the results of the above, explained that the objectives of the Jamkesmas program implemented by the Social Health Insurance Administrator of DIY had been sufficiently realized and run well in accordance with the objectives for fulfilling the rights and access to health services for people with disabilities in Gunungkidul Regency.

## **2) The Target of the Special Health Insurance Program (*Jamkesmas*) in Gunungkidul Regency**

A program or policy can be considered successful if it has achieved its objectives. The results of the program implemented can be a reference in determining the success of a policy. The receiver target of the Special Health Insurance program (*Jamkesmas*) implemented by the Special Health Insurance Administrator of DIY with the Social Service of Gunungkidul Regency are people with disabilities who have registered to receive health services. In the Jamkesmas program, people with disabilities are examined, namely health condition and discover the aids based on medical indications.

In the implementation of the Jamkesus Program in 2018, the Social Health Insurance Administrator of DIY and the Social Service of Gunungkidul Regency have service activities to achieve program objectives, including:

Table 3.1 The Special Health Insurance Service Activities in Gunungkidul Regency in 2018

No.	Services	Planning	Realization
1.	Assesment and Registration	Social Health Insurance Administrator of DIY	Social Health Insurance Administrator of DIY
2.	Sosial Database	Social Service Gunungkidul of DIY	Social Service Gunungkidul of DIY
3.	Data Entry and Data Completeness	Social Health Insurance Administrator of DIY	Social Health Insurance Administrator of DIY
4.	Guarantee of Participant Eligibility Letters (SEP)	Social Health Insurance Administrator of DIY	Social Health Insurance Administrator of DIY
5.	Vital Sign Inspection	Social Health Insurance Administrator of DIY	Social Health Insurance Administrator of DIY
6.	Paramedic / Companion of PPK (Health Service Provider)	Social Health Insurance Administrator of DIY	Social Health Insurance Administrator of DIY
7.	Basic Medical	Doctor	Doctor
8.	Advanced Medical	Doctor of Medical Rehab Specialist	Doctor of Medical Rehab Specialist
9.	Aids Assesment	Tools Provider Partner	Tools Provider Partner

Sources: Laporan Akhir Kegiatan Program Jamkesus Kabupaten Gunungkidul 2018

The explanation of the activities that the researcher got from the *Jamkesus* Program Final Report in Gunungkidul Regency in 2018 are:

## 1. Types of Services

The evaluation result of the types of services show that all types of services can be carried out properly and smoothly. The participants of the Integrated Disability *Jamkesus* are people with disabilities who are in the region of Gunungkidul Regency, especially in the 4 sub-districts involved, namely Wonosari, Karangmojo, Semanu, and Ponjong Districts.

Tabel 3.2 The Number of People with disabilities Attending *Jamkesus* Program Services in Gunungkidul Regency in 2018

<b>Sub-district</b>	<b>Number of people with disabilities</b>
Wonosari	30
Karangmojo	33
Semanu	25
Ponjong	33
<b>Total</b>	<b>121</b>

Sources: *Laporan Akhir Kegiatan Jamkesus Kabupaten Gunungkidul 2018*

## 2. Sosial Database

The evaluation result of this type of service show that the service process is slightly hampered at the beginning of the service but can be overcome until the service closes at 14.30 WIB. Mrs. Eka Sriwardani as the Head of Social Welfare in the Social Service of Gunungkidul Regency explained,

*“Thus, in social data services, there are few obstacles. Photocopiers for multiplying the files have trouble making the line quite long. There are also participants who only bring their KTP or KK, and some even do not bring both. But, all can be overcome quickly” (interviewed on July, 2019)*

Based on the results of the interview above explains that, there were obstacles by the tool to duplicate files or photocopying machines when it was

experiencing interference. Then, there were other obstacles to participants who only bring a National Identity Card (KTP), only bring a Family Card (KK), and do not even bring both where for the files needed to perform services namely KTP and KK, so requires participants to return home to complete file.

### 3. Guarantee of Participant Eligibility Letters (SEP)

The SEP guarantee is useful for making it easier for participants to obtain further health services. The results of the evaluation of the guarantee flow went well with the support of the coordination of the medical team, the paramedics, the partners providing the tools, and the guarantee team.

### 4. Medical Services

#### a. Basic medical services

The basic medical attendant presented three doctors. In this examination, is give basic medication and examination according to patient complaints Setting the location of basic health services neatly done with the allocation of one room for one doctor.

#### b. Advanced Medical Services

The advanced medical services present three medical rehab specialists from various agencies. In this service, there are 121 people with disabilities involved who have passed the initial assessment, registration, vital sign checks, and basic medical examinations, and then 60 participants undergo further medical examinations.

## 5. Aids Assessment

The evaluation results on the assessment of these aids did not experience any disturbance related to the provision of place, equipment, and personnel. The entire service process was carried out by a partner providing aids namely the UCP Roda for Humanity and PR Yakkum.

The on participants who received a reference for the assessment of wheelchair aids at UCP Roda for Humanity partners, 38 participants and Orthotic Prosthetic aids at APOC partners, 23 participants.

## 6. Social Rehabilitation

Social rehabilitation is an activity of psychological and emotional approach to people with disabilities as well as coaching entrepreneurs to improve the quality of life and independence of people with disabilities. The series of social rehabilitation participant selection was carried out by three officers from the Yogyakarta Province Integrated Disability Rehabilitation Center (BRTPD). The evaluation results of social rehabilitation had done.

From table 3.1, the activities of the Special Health Insurance service in Gunungkidul in 2018 could be seen planning and realization of the *Jamkesmas* program activities as planned and showed that that services in 2018 can be carried out properly and fast. The target number of *Jamkesmas* participants that has been determined each year is 100 to 150. Based on the results of interviews from the Social Service of Gunungkidul Regency regarding the disability special Health Insurance service target, Mrs. Eka Sriwardani as the Head of Social Welfare in the Social Service of Gunungkidul Regency stated,



*“The target of participants every year in Gunungkidul Regency is 100-150 people with disabilities, but only 121 people are fulfilled, and the rest are absent or do not attend Jamkesus service activities”. (interviewed on July 10, 2019)*

From the results of the interview above, it was stated that not yet reached the community of people with disabilities accessing the Special Health Insurance services in Gunungkidul Regency. The target has been set by the Social Service of Gunungkidul Regency was around 150 people each year, but the participation of people with disabilities in the activities of the *Jamkesus* service program is only realized about 121 people in utilizing the *Jamkesus* program organized by the Social Health Insurance Administration of DIY and the Social Service of Gunungkidul Regency.

Furthermore, related to the participants who have participated and who have registered to join the *Jamkesus* program, a maximum of 150 people with disabilities is limited. That was reiterated by Mrs. Wahyu Widi Astuti as the Section Head of Health Insurance Services at the Social Health Insurance Administrator of DIY as follows:

*“We limit the number of participants. The maximum number of participants are 150 people with disabilities, because the implementation is only 1 day. If later there are more than 150 of them, they can go until evening. The number of doctors is also limited and the examination is less than optimal” (interviewed on July 15, 2019)*

Based on the results of the interview above, it could be seen that in the implementation of the *Jamkesus* program which was carried out by the Social

Health Insurance Administrator of DIY with the Social Service of Gunungkidul Regency, the number of people with disabilities who received the health service was assisted by only 150 people with disabilities because the implementation of the *Jamkesus* program was only one day. Then, if more than 150 people with disabilities could be carried out until the afternoon and this could had an impact on the less than optimal health services provided to people with disabilities. Mr. Agus Priyanto as Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY explained,

*“Thus in one implementation, there were about 4-5 districts participating in the program. Gunungkidul Regency itself has carried out activities 7 times, but only once a year because, the concept is if the regency tries from its own APBD, we can add, if not, it will be minimalist” (interview on 16, 2019)*

Based on the results of the above interview, the implementation of the *Jamkesus* program in Gunungkidul Regency had been carried out 7 times. But in one year, Gunungkidul Regency only did it one time because, the Gunungkidul Regency itself had not yet issued an APBD that specialized in this Special Health Insurance Program. Thus, *Jamkesus* program activities carried out specifically in Gunungkidul Regency was limited to once a year.

As for people with disabilities who had been included in the Special Health Insurance (*Jamkesus*) Contribution Beneficiary Participants (PBI) for people with disabilities based on districts/cities from 2017 to 2018 in the Special Region of Yogyakarta, as follows:

Table 3.3 The Distribution of Benefit Recipients (PBI) *Jamkesus*  
Based on City/Regency in DIY, 2017-2018

<b>District /City</b>	<b>PBI Jamkesus 2017</b>	<b>PBI Jamkesus 2018</b>
Jogja City	1.864	1.952
Bantul Regency	5.726	5.791
<b>Gunungkidul Regency</b>	<b>1.112</b>	<b>8.654</b>
Kulon Progo Regency	8.157	5.067
Sleman Regency	5.165	10.268
<b>Total</b>	<b>22.024</b>	<b>31.732</b>

Sources: *Dokumen Bapel Jamkesos (2018)*

It could be seen from the table above, people with disabilities who had included in the Jamkesus Contribution Aid (PBI) program, namely 22,024 people with disabilities in 2017 and 31,732 people with disabilities in 2018. While specifically in Gunungkidul District itself, PBI in 2017 numbered 1,112 people with disabilities and in 2018 there were 8,654 people with disabilities disability. The amount of membership data will continue to increase in number over time until coverage is to be realized, particularly in Gunungkidul Regency.

## **B. Efficiency**

According to (Dunn, 2003), efficiency is the utilization of available resources and the accuracy of the use of costs in implementing the program.

### **1) Human Resources in the Special Disability Health Insurance Program in Gunungkidul Regency**

In maximizing the implementation of the *Jamkesus* program, there is assisted by human resources. Based on this, the explanation about the human resources that have been planned by the Social Health Insurance Administrator

of DIY Agency. Mr. Agus Priyanto as Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY stated,

*“There are not only 2 stakeholders who help us, we have around 60 stakeholders who go there. Previously only jamkesos and dingsos. Now the TNI, POLRI, then from NGOs, private banks also finance, then free ambulances, free hospital services given 6 months” (interviewed on July 16, 2019)*

Based on the statement above, it was explained that the *Jamkesus* program was assisted by around 60 human resources or stakeholders who helped in the *Jamkesus* program service in Gunungkidul District, not only Special Health Insurance Administrator of DIY and the Social Service administered, but there were other Human Resources (HR) who worked with DIY Social Health Insurance Agency:

Tabel 3.4 The Number of Human Resources/Stakeholders Collaborating with the DIY Social Health Insurance Implementing Agency

NO.	Stakeholder
1.	Balai Rehabilitasi Terpadu Penyandang Disabilitas Dinas Sosial DIY
2.	Dinas Sosial Kabupaten/Kota
3.	Persatuan Perangkat Desa Indonesi (PPDI)
4.	Radio Antar Penduduk Indonesia (RAPI)
5.	Dinas Kesehatan Kabupaten/Kota
6.	Dinas Tenaga Kerja Kabupaten/Kota
7.	TNI
8.	POLRI
9.	Tenaga Kerja Kesejahteraan Sosial Kecamatan (TKSK)
10.	Pekerja Sosial Masyarakat (PSM)
11.	Pemberdayaan Kesejahteraan Keluarga (PKK) daerah
12.	Relawan Sosial

13.	Lembaga Swadaya Masyarakat (LSM) daerah
14.	PMI
15.	Taruna Siaga Bencana (TAGANA) daerah
16.	Badan Amil Zakat Nasional (BAZNAS) daerah
17.	Organisasi Amatir Radio Indonesia (ORARI)

From the table above, there is the number of human resources or stakeholders who collaborate with the DIY Social Health Insurance Provider Board that the researcher get. It can be seen that quite a number of stakeholders are involved and help in the *Jamkesus* program. However, the Jamkesus Program still has problems in human resources explained by Mr. Agus Priyanto as Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY the stated,

*“The closest colleagues of Bapel Jamkesos are the Social Service, Social Service and its network. In Gunungkidul, it still lacks of human resources, human resources in terms of quantity and quality are still lacking compared to other regions” (interviewed on July 16, 2019)*

Based on the interview results explained that, the Social Health Insurance Administrator of DIY had problems in implementing the *Jamkesus* program in Gunungkidul Regency in fulfilling human resources, which in Jamkesus activities requires many members to go directly to the location. So that the Social Health Insurance Provider Body must cooperate with the Non-Governmental Organizations (NGOs) of the district and sub-districts in Gunungkidul Regency so the program could be carried out fastly.

Thus in maximizing the Special Health Insurance program (*Jamkesus*) so people with disabilities are aware of the Jamkesus Program activities where the

*Jamkesus* program is only carried out within one day, the Social Health Insurance Administrator of DIY informs them through counseling of the organization's associations, it was in line with by Mr. Agus Priyanto as the Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY as follows:

*“For informing the community, we inform through counseling. Thus every time, there is an association, our organization informs us through that association” (interviewed on July 16, 2019)*

Based on the statement above, it is explained that the Social Health Insurance Administrator of DIY provides or distributes information through community organizations associations, so the people who had families with disabilities could participate in the implementation of the *Jamkesus* activity program conducted by the Social Health Insurance Administrator of DIY. In addition, according to Mrs. Eka Sriwardani as the Head of Social Welfare in the Social Service of Gunungkidul Regency, she explained:

*“If in Gunungkidul, it is to inform Jamkesus, we are assisted by FKDG, PPDI, and the TKSK campsite to be informed to people with disabilities” (interviewed on 19 July, 2019)*

Based on the statement above, Social Services of Gunungkidul Regency were assisted by the Gunungkidul Disability Communication Forum (FKDG), the Gunungkidul Indonesian Village Apparatus Association, and the Social Welfare Workers of the TKSK District to inform people with disabilities and maximize the number of people with disabilities who would be present in the implementation of the *Jamkesus* program organized by the *Jamkesus* program

Social Health Insurance Administrator of DIY and Social Service of Gunungkidul Regency. Data collection on people with disabilities are carried out two days before the *Jamkesus* program takes place.

The Agency for Providing aids in collaboration with the Social Health Insurance Administrator of DIY in providing and give aids for people with disabilities as follows:

- a) Pusat Rehabilitas Yakum
- b) UCP Roda untuk Kemanusiaan Indonesia
- c) Gabungan Pengusaha Optik Indonesia DIY
- d) PT. Kanal Audio (Audiotone)
- e) Afiyah Prosthetics dan Orthotics Center (APOC)
- f) Ikatan Refraksionis Optisien
- g) Rumah Sakit YAP
- h) Ear-Care (CV Margo Mulyo)

## **2) Fund in Implementing Special Health Insurance Programs in Gunungkidul Regency**

The funds used in the implementation of the *Jamkesus* program in DIY have already had a special income. In the implementation of the *Jamkesus* program, the funds came from the Regional Revenue and Expenditures Budget (APBD) of DIY Province which was then managed by the Social Health Insurance Administering Agency. The budget is a very important component, so this component is expected to support the *Jamkesus* Program activities. The funds are devoted to the *Jamkesus* Program, explained by Mr.

Agus Priyanto as Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY as follow:

*“The budget for the implementation of Jamkesus comes from the DIY Province APBD of 7 billion which is then managed by Bapel and then we guarantee for the financing of health services and procurement of assistive devices” (interviewed on July 16, 2019)*

Based on the interview above, it was explained that the budget for the implementation of the *Jamkesus* activities came from the DIY Province Regional Budget through the Social Health Insurance Administrator of DIY which was used to finance health services and supply of assistive devices. However, the budget was limited in accordance with the needs of people with disabilities which was reaffirmed by Mr. Agus Priyanto as the Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY, as follows:

*“As for Gunungkidul itself, up to now it does not have its own budget for implementing the Jamkesus. Thus, the budget that has been provided is very limited. Therefore, by implementing Jamkesus in Gunungkidul Regency, we can maximize the existing budget according to the needs of people with disabilities” (interviewed on 16 July, 2019)*

From the interview above, Gunungkidul Regency still does not have its own budget for implementing Special Health Insurance which made the budget provided by the APBD of DIY was very limited and allocates the budget very limited. This matter needed to be considered again by the local



government of Gunungkidul Regency where the focus on the problems of people with disabilities in Gunungkidul was still lacking.

### **C. Equity**

According to (Dunn, 2003), equity is a criterion to measure the accuracy of benefits such as facilities and infrastructure that is evenly distributed to the target group.

The Social Health Insurance Administrator of DIY provides facilities and infrastructure in the form of Health Insurance to be felt directly by participants of special Health Insurance such as health services and assistive devices. In addition, the other facility and infrastructure provided by the Social Health Insurance Administrator of DIY with the Social Service of Gunungkidul Regency is the mobilization of clients which is a service to help the Integrated Jamkesmas participants in an emergency. It was stated by Mrs. Wahyu Widi Astuti as the Section Head of Health Insurance Services at the Social Health Insurance Administrator of DIY, as follows:

*“We provide mobilization such as transportation or ambulance to pick up and help people with disabilities who have difficulty to provide services for the Jamkesmas program. People with disabilities are picked up directly from their homes” (interviewed on July 26, 2019)*

Based on the interview above, the facilities and infrastructure provided by the Social Health Insurance Administrator of DIY in the form of transportation such as an ambulance to facilitate the *Jamkesmas* program run well and helped people with

disabilities who had difficulty participating in the *Jamkesmas* Program activities carried out by the Special Health Insurance Administrator of DIY.

The Social Service of Gunungkidul Regency which is the closest colleague of the Social Health Insurance Administrator of DIY revealed that the facilities and infrastructure provided by the Social Health Insurance Administration Agency during the implementation of the *Jamkesmas* program had been effective because the mobilization facilities such as transportation or ambulance for picking up and service had been good. It was explained by Mrs. Eka Sriwardani as the Head of Social Welfare in the Social Service of Gunungkidul Regency stated,

*“According to us from the Gunungkidul Regency Social Service, it is already good. Because we have a network in each sub-district and various kinds of parties such as for example the health center that has worked with us who will help for picking up and others” (interviewed on July 15, 2019)*

From the results of the interview above, it could be seen that the party from the Social Service of Gunungkidul Regency had been able to collaborate with various institutions and community institutions to met the problem of facilities and infrastructure needed to assist in the Special Health Insurance program. Then, the health facilities that had been distributed. Mrs. Lia as the Staff of the Health Insurance Services Division of the Social Service of Gunungkidul Regency, explained:

*“We believe that the health facilities provided by the *Jamkesmas* program for Special Health Insurance participants in Gunungkidul have been distributed and fulfilled” (interviewed on July 19, 2019)*

Based on the statement above, it explained that health facilities such as health services that had been provided by the *Jamkesmas* program for people with disabilities

in Gunungkidul had been evenly distributed and fulfilled. For facilities for the provision of assistive devices by the Social Health Insurance Administrator of DIY, issued a maximum of 1.5-2 months. It was stated by Mrs. Wahyu Widi Astuti as the Section Head of Health Insurance Services at the Social Health Insurance Administrator of DIY as follows:

*“For the provision of assistive devices, such as wheelchairs and other assistive devices can be received in a vulnerable 1.5 to 2 months and 2-5 years certified. It can be replaced as long as the device can no longer be used or damaged and there are medical indications that the health facility provided by the participant” (interviewed on July 26, 2019)*

Based on the statement above, it was explained that the provision of assistive devices will be accepted by people with disabilities in a vulnerable 1.5 to 2 months and the assistants would be certified in 2 to 5 years. These aids could be replaced if the aids are damaged or not suitable for use and there are medical indications that the health facilities are given to people with disabilities. Then, it was emphasized again by Mr. Agus Priyanto as the Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY, he said,

*“For health facilities and financing as well as Jamkesmas services. I think that they are very sufficient” (interviewed on July 26, 2019)*

Based on the above statement, it was explained that the equitable distribution of health facilities and financing as well as health services for Jamkesmas participants were very sufficient and had been evenly distributed. As explained by Mr. Agus Priyanto as the Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY, as follows:

*“We also provide special health cards for people with disabilities to make it easier for them to access health services. However, not all get the card” (interviewed on Juli 16th, 2019)*

Based on the statement above, it explained that members of the *Jamkesus* program were also facilitated by the *Jamkesus* health card for people with disabilities to facilitate people with disabilities in accessing health services. However, there were still many people with disabilities who had not yet received the health card. Mrs. Eka Sriwardani as the Head of Social Welfare in the Social Service of Gunungkidul Regency stated,

*“Yes. There are still a number of people with disabilities in Gunungkidul Regency who have not yet received a Jamkesus health card because, some people with disabilities who have mental retardation are difficult to record KTP, so they do not have an electronic NIK. However, they can access health services with a recommendation letter from the Social Service” (interviewed on July, 2019)*

Based on the statement above, the finding explained that there were still some people with disabilities, especially in Gunungkidul Regency who had not yet received a *Jamkesus* health card. The reason is that some people with disabilities who had mental retardation find it difficult to do KTP recordings that ultimately people with disabilities do not had electronic NIK. However, people with disabilities would continue to access services from the *Jamkesus* Program by taking care of a Recommendation letter from the Social Service of Gunungkidul Regency. The data on the number of *Jamkesus* health cards printed is based on districts in Gunungkidul Regency:

Table 3.5 The Number of *Jamkesmas* Health Cards Printed  
by District in Gunungkidul Regency in 2018

No	Sub-district	Number of People with Disabilities	Number of Jamkesmas Card Printed
1.	Gedangsari	473	408
2.	Girisubo	259	145
3.	Karangmojo	514	501
4.	Ngawen	652	447
5.	Nglipar	410	289
6.	Paliyan	366	318
7.	Panggung	1.481	1.088
8.	Patuk	297	207
9.	Playen	549	449
10.	Ponjong	441	435
11.	Purwosari	173	159
12.	Rongkop	283	271
13.	Saptosari	337	329
14.	Semanu	484	404
15.	Semin	746	631
16.	Tanjungsari	279	258
17.	Tepus	310	297
18.	Wonosari	600	569
<b>Total</b>		<b>8.654</b>	<b>7.205</b>

Sources: Dokumen Dinas Sosial Kabupaten Gunungkidul 2018

From the data on the number of *Jamkesmas* health cards printed by district in Gunungkidul in 2018, it could be concluded that from 8,654 people with disabilities in Gunungkidul District, only 7,205 people were printed and owned by people with disabilities in Gunungkidul Regency because, some people with disabilities in Gunungkidul Regency did not yet had an electronic NIK which is one of the requirements in *Jamkesmas* health card registration.

#### **D. Responsiveness**

According to (Dunn, 2003), responsiveness is a criterion to measure the suitability of a program and an activity, whether it is in accordance with the needs, preferences or values of a particular group. The responsiveness of the target group in the course of the program is needed to determine whether the results of the program are of value to the target group.

The response of the people who took part in the *Jamkesus* program was very much received by the community especially those in Gunungkidul Regency. Through this *Jamkesus* program, people with disabilities who took part in this program were provided facilities, and those facilitated *Jamkesus* participants. It could be seen from the results of interviews conducted with several communities and people with disabilities in Gunungkidul that they really need the attention of the government to help alleviate the problems they feel. Mr. Parjono as the community of Gunungkidul Regency explained,

*“We, people who live in villages, really need help from the government. Especially we have family members who have more needs, so that the fulfillment of needs increases. Because of this program, we were greatly helped”*  
(interviewed on July 10, 2019)

From the interview done with Mr. Parjono above explained that with the Special Health Insurance program they were very helped and can ease their burden because, people with disabilities had more needs, so the role of government and related agencies was needed to improve program service delivery special health insurance for people with disabilities. The results of interviews with several people and people with disabilities explained that the receipt of assistive devices can be had long enough

to last up to 3 months, Mr. Mursyid as the community of Gunungkidul Regency explained,

*“To receive aids, here rely more on the role of the forum for people with disabilities. The reception of the aid can be up to 3 months. But we can just understand” (interviewed on July 10, 2019)*

From the results of an interview with Mr. Mursyid above explained that the need for improvement for the provision of aids in accordance with procedures. The provision of aids is somewhat longer than the time limit determined by Special Health Insurance Administrator of DIY. From the results of the interview, it could be concluded that there was still a need to improve again in providing better *Jamkesus* services to all people with disabilities in Gunungkidul Regency. As for the results of other interviews from the Gunungkidul community, that people with disabilities in Gunungkidul Regency were assisted by the existing disability forum to access the *Jamkesus* program. Mrs. Mulyadi as a person with a disability in Gunungkidul Regency stated,

*“Hence for the receipt of these aids, there are processed by groups of people with disabilities. Disability people here are also in groups. For those with disabilities, the group is the same as the disabled. Incidentally, the process from them is to help other people to receive proposals to the Department for the provision of assistive devices, so they are moving themselves” (interviewed on July 12, 2019)*

From the interview results above, it could be concluded that the role and network owned by the Social Health Insurance Administrator of DIY in assisting people with disabilities had been and could be seen from other disability forums to get *Jamkesus*

program staff. In addition, there were other community responses as explained by Mr. Joko as the community of Gunungkidul Regency, as follows:

*“In my opinion, the Jamkesus program is quite good and very helpful for the people here, especially my family who have a disability. However, the socialization of Jamkesus can be held more often. Usually only once a year. Maybe you can make it 2 or 3 times a year” (interviewed on July 12)*

Based on the results of the interview above, the community response to the *Jamkesus* program was notarized well enough in terms of helping and serving the people who had deficiencies. However, the implementation of *Jamkesus* socialization and services, which were usually held once a year, can be increased to two or three times a year.

#### **E. Accuracy**

According to (Dunn, 2003), accuracy is a criterion for measuring the outcome of the desired goal whether it is truly useful or valuable. The goal is the results to be achieved in a program. A program can be said to be appropriate if the objectives of the program have been achieved in accordance with the needs of the target program community.

In the *Jamkesus* program, the desired results and objectives are correct and regarding the targeted targets. Mr. Agus Priyanto as the Head of Section for Participation and Development of Guarantees in the Sosial Health Insurance Administrator of DIY explained,



*“In our opinion, from the Health Insurance, who is entitled to be targeted are all people with disabilities, and we have done all of this through disability, which came from the Governor's Decree and the Regent's Decree, meaning that it is correct” (interviewed on 25th July, 2019)*

Based on the results of the interview above, it was clear that the accuracy of the results and the desired objectives of the Special Health Insurance program was precisely given to the target, namely all who in poverty or non-poverty people with disabilities. The target had been carried out in accordance with the Decree of the Governor of DIY and the Decree of the Regency. Then from the Social Service of Gunungkidul Regency concluded that the implementation was effective and equitable because it was able to meet the needs for people with disabilities in Gunungkidul Regency. Mrs. Eka Sriwardani as the Head of Social Welfare in the Social Service of Gunungkidul Regency explained,

*“In my opinion, the program is very efficient and effective and has been evenly distributed and is useful for them, and it turns out there are so many in remote are there that don't have and there is still so much we need to help again” (interviewed on July 15, 2019)*

Based on the results of the interview above, it was clear that the Jamkesmas program in Gunungkidul had been effective, efficient and evenly distributed, although it had not been able to provide comprehensive services. Moreover, the level of people with disabilities in Gunungkidul Regency is one of the areas that had the highest level of people with disabilities in DIY. This must be paid more attention by the relevant agencies so the Jamkesmas program could be further improved, seeing the geographical condition of Gunungkidul Regency which had an uphill road.

Then, it was reiterated by Mrs. Wahyu Widi Astuti as the Section Head of Health Insurance Services at the Social Health Insurance Administrator of DIY, as follows:

*“We continue to improve and continue to increase the number of networks we have in Gunungkidul Regency, so the Jamkesmas program services are better and more evenly distributed” (interviewed on July 15th, 2019)*

From the results of the interview above, it was clear that the Social Health Insurance Administrator of DIY continues to improve and maximize the networks they had in Gunungkidul Regency. The networks, meaning are human resources to improve the *Jamkesmas* program so that the services they provide could be received by other people with disabilities.