

CHAPTER I

INTRODUCTION

1.1 Background

Health becomes the main thing and needed by every human being. In this case health becomes a necessity that can be said is important for all circles. Not only part from clothing, food, and shelter that are always indicated as a basic human right, health can also be used as a right regulated in the law no. 36 article 4 of 2009: "Everyone has the right to health". Therefore, the State should ensure the health of its people and serve with services that can be said to meet all elements of public health. In addition, the definition of health in pharagraph 1 verse 1 in the law of states that "Health is a healthy state, both physically, mentally, spiritually and socially that allows every person to live productively in social and economic". It is clear that health is a supporter of the degree of citizens in an effort to find a more productive life and also reach all the economic needs. Without health, people will not be able to reach basic human rights both in terms of clothing, food and boards.

The need for government guarantees in the right to healthy living for the citizens in terms of services carried out by the government. The form of services among of them includes public services, services that are comprehensive to the layers of society. According to Ministry of Administrative Reform and Bureaucratic Reform of Indonesia (KEMENPAN) no. 63/2003 about guidelines of public service, public

service is any service activities undertaken by the providers of public services as an effort to meet the needs of service recipients as well as the implementation of the provisions of legislation.

Meanwhile, the health service itself includes as a public service both from services, goods and administrative itself. Health care is one of the legal acts, in this case that health services provide a correlation between hospitals and patients who need to serve. As for example in Article 29 paragraph (1) letter (b) of Hospital Law, regulates the obligation of the hospital: "Hospitals has obligation to provide safe, quality, anti-discrimination and effective health services by prioritizing the interests of patients in accordance with hospital service standards ". The state became the main pillar in the provision of health services with the private sector.

In West Java Province, health care services in the midst of the citizens, especially in terms of health service distribution service by type of health center either treatment or non-treatment, there are 1.050 Community Health Center in 2013 (see table 1.1). Especially in Bandung City itself as the capital of West Java province, there are 73 Community Health Center (Puskesmas) in that year. In this case the availability of Community Health Center as a reference or benchmark health care to the citizens in a particular region. Unlike hospitals, According to DEPKES R1 Year 1989, the understanding of health service institution is that provides full range of personal health services providing inpatient, outpatient and emergency care. In addition, it has a function as a center for specialty and sub-specialty medicinal

referral services with the main function of providing and administering curative (recovery) and recovery (patient rehabilitation).

Table 1.1

Distribution of Community Health Center Based on Type of Community Health Center in West Java Province Year 2013

No	Province	Nursing	Non-Nursing	Total
1	Bogor	18	83	101
2	Sukabumi	6	52	58
3	Cianjur	8	37	45
4	Bandung	10	52	62
5	Garut	15	50	65
6	Tasikmalaya	15	25	40
7	Ciamis	17	35	52
8	Kuningan	6	31	37
9	Cirebon	8	49	57
10	Majalengka	9	23	32
11	Sumedang	6	26	32
12	Indramayu	9	40	49
13	Subang	8	32	40
14	Purwakarta	1	19	20
15	Karawang	13	37	50
16	Bekasi	9	30	39
17	Bandung Barat	5	26	31
18	Kota Bogor	8	16	24
19	Kota Sukabumi	3	12	15

20	Kota Bandung	5	68	73
21	Kota Cirebon	2	20	22
22	Kota Bekasi	4	27	31
23	Kota Depok	2	30	32
24	Kota Cimahi	0	13	13
25	Kota Tasikmalaya	4	16	20
26	Kota Banjar	2	8	10
Total		193	857	1050

Source: Dinas Kesehatan Jawa Barat
<http://www.diskes.jabarprov.go.id/index.php/pages/detailparent/2014/141/Jenis-Puskesmas>

Apart from that, service is an attendance that must be considered. In this case the workforce that meets the elements of health services every Community Health Center in the Bandung City should also be prepared. This is to support the achievement of the vision and mission of an organization, especially in the health service in Bandung City. Based on Health Service of West Java data in 2013, the availability of workforce according to the distribution of Community Health Center in Bandung amounts to about 688 (see table 1.2). The number consists of 133 doctors, 62 dentists, 226 nurses, 217 midwives, 35 pharmacists, and 15 pharmaceutical analysts. Based on Law no. 13/2003 about Employment, self-employment is any person who is capable of doing work to produce goods and / or services either to meet the daily needs and for the citizens.

In this case the fulfillment of the needs of the rights of the citizens also depends on the existing labor. Therefore, the following table 1.2 that can be described by the number of labor availability in the province of West Java in 2013, especially in Bandung:

Table 1.2
Distribution of Community Health Center According to Availability of Power West Java Province Year 2013

No	Province	Doc	Dentist	Nurse	Midwife	Pharmacist	Pharmaceutical Analyst	Total
1	Bogor	327	100	459	766	8	13	1673
2	Sukabumi	69	21	465	642	9	0	1206
3	Cianjur	62	22	135	442	17	0	678
4	Bandung	0	0	0	0	0	0	0
5	Garut	0	0	0	0	0	0	0
6	Tasikmalaya	67	22	351	581	9	12	1042
7	Ciamis	37	15	414	460	12	4	942
8	Kuningan	40	10	223	779	14	0	1066
9	Cirebon	111	34	729	840	83	1	1798
10	Majalengka	50	13	158	525	27	12	785
11	Sumedang	35	19	354	380	18	2	808
12	Indramayu	45	23	472	369	18	0	927
13	Subang	59	18	498	449	30	9	1063
14	Purwakarta	43	22	131	276	9	8	489
15	Karawang	27	13	147	157	0	0	344
16	Bekasi	91	32	295	464	20	5	907
17	West Bandung	44	25	124	353	12	10	568
18	Bogor City	86	42	122	103	27	0	380
19	Sukabumi	25	18	72	46	0	10	171

	City							
20	Bandung City	133	62	226	217	35	15	688
21	Cirebon City	52	25	102	137	27	0	343
22	Bekasi City	123	77	196	402	20	2	820
23	Depok City	89	44	79	121	12	2	347
24	Cimahi City	34	14	54	55	26	3	186
25	Tasikmalaya City	29	15	142	121	19	16	342
26	Banjar City	10	2	66	73	3	0	154
	Total	1688	688	6014	8758	455	124	17727

Source: Dinas Kesehatan Jawa Barat

<http://www.diskes.jabarprov.go.id/index.php/pages/detailparent/2014/141/JenisPuskesmas>

The government through bureaucracy reform that has been running for more than ten years continues to make efforts to serve the society. The Bureaucracy Reform is a process of systematic, integrated, conferred effort, aimed at realizing good governance. The turning point of bureaucratic reform in Indonesia is Good Governance. In good governance there is essentially a correlation to the improvement of public sector performance through the development and strengthening of harmony relations between the State, the private sector and civil society supported by the rearrangement of the balance of power and the role of the three forces in the utilization of various economic and social resources for development.

In the sense of Good Governance is the purpose of the Bureaucratic Reform itself. Collaborate with the private sector to improve the quality of government services to the society including health services. Besides preparing the quality of service, the government and the private sector also need to prepare the infrastructure

as supporting the quality of public health services. In the sample research location, Bandung City collaborates with private parties to provide health facilities as from the form of service for the community. In 2016, there are 930 health facilities in Bandung in collaboration with private parties (see table 1.3). Along with the increasing number of Community Health Center, there are 13 Public Hospital, 10 Special Hospital, 144 Medical Clinic, 639 Pharmacist, and 124 Drug Store. If compared with other facilities, the private sector more than the Ministry of Health, Regency/Municipal Government, and Army/Police.

Table 1.3

The Number of Health Facilities in Bandung City Year 2016

<i>Health Facility</i>		Ownership				
		Ministry of Health	Region/City	Army/Police	Private	Amount
-1		-2	-3	-4	-5	-6
1	General Hospital	1	1	3	13	18
2	Special Hospital	3	2	0	10	15
3	Inpatient Health Center	0	7	0	0	7
4	Non-Inpatient Health Center	0	68	0	0	68
5	Mobile Community Health Center	0	45	0	0	45
6	Clinic Treatment Center	3	0	7	144	154
7	Traditional Medicine Practice	0	0	0	0	0
8	Pharmacy	0	0	0	639	639

9	Drug Store	0	0	0	124	124
TOTAL		7	123	10	930	1070

Source: Badan Pusat Statistik Kota Bandung, Jumlah Fasilitas Kesehatan Kota Bandung 2016, <https://bandungkota.bps.go.id/linkTabelStatis/view/id/97>

However, the number of health facilities in Bandung has not been said enough, both in terms of service quality and quantity of facilities. According to Ridwan Kamil, as the mayor of Bandung, said that health services in the city of Bandung is still far from the standard of champion (Tribunnews, Oktober 4, 2013). That he values because the health service facilities in Bandung is still not satisfying citizens. In addition, health problems in the city of Bandung are also seen in terms of geographical conditions. The lack of capacity of the hospitals reaches out to citizens that can be said to live in villages or remote areas in Bandung City. As well as the public response, in terms of health is still considered less. This is what the government is trying to present to the public in serving the public health in the city of Bandung (Kamil, R., July 26, 2017). Therefore, the nearest health service can only do by local Community of Health Center. In this case, the self-care clinic as first-rate inpatient health center provides health service which includes observation, diagnosis, treatment, medical rehabilitation by living in the inpatient ward of Community of Health Center (Kepmenkes number 28/MENKES/SK/IX/2008). That is, that health centers have a crucial role in providing health services. Meanwhile, in the Minister of Health No.029 of 2010 mentioned about the activities in health services that can only be outpatient in the form of observation, diagnosis, treatment, and or other health

services without hospitalization. The point is that people can receive health services without having to go through inpatient procedures in hospitals.

Bandung City continues to innovate in serving the health of its people. One of them is Layad Rawat Program Bandung City. The concept of this program is to provide basic services by coming to the patient's home. This program proves that the State must be present in the midst of society in every aspect of need. Innovation undertaken by the government in serving the citizens is the government's efforts in welfare of citizens. Layad Rawat program in Bandung comes from the rampant cases of patients who are not helped because of the limitations of space and facilities, as well as an innovation of contest winners from the platform program *iuran.id*.

In addition, this new program is a step from the effectiveness of health services from the Government with the technical Community Health Center down directly address the health problems that exist in the citizens. It can be said as an effort of Bandung City in improving health services and facilitate the needs associated with public health. The launch of the Layad Rawat program was officially introduced on July 26, 2017 with the aim of reaching public health especially difficult to reach because of the geographical conditions of Bandung. The people who are eligible to receive such care are the people who are registered in the BPJS program. Recorded about 1590's team consisting of doctors and health workers. The program can be accessed only by calling the number 119 which by directly the operator will send his team with an ambulance motor that has been connected with 80 health

centers and coordinated by 30 Community Health Center (UPT Puskesmas) in Bandung.

Innovation is needed in the government's efforts to improve services to its people and improve the welfare of its citizens in fulfilling aspects of citizens needs. Through this research, this tries to explore and measure the effectiveness of the running program and how the effect of innovation of the program to the citizens. The influence involved in the elements of innovation can consist of aspects of preparation in service, be it paramedic, facilities, and government support for the program. While the influence that can be seen from the view of society, it is how far the benefits of the program.

1.2 Research Question

Based on what has been described above about this proposal, either in the form of problems, data, until the description of where this research will lead. Therefore, it can be concluded that the research question in this research consists of:

1. What is the role of Bandung City Government in supporting Layad Rawat Program?
2. How does Layad Rawat affect the citizen in Bandung?

1.3 Objectives, Goal, and Benefit of Research

1.3.1 Objectives and Goal of Research

The objectives of this study conducted due to analyze a public organization's performance in performing the aspect of public service and health improvement, concerning the Layad Rawat Program by Government of Bandung City. And to discover the explanation and health impact from the program which run by health department and community health center (Puskesmas) in Bandung City. The purpose of the study is to find out how much influence Layad Rawat program in improving the quality of health services in Bandung City, as well as the extent to which the effectiveness of the program runs for people in Bandung City. And also, trying to know the extent of Bandung government is a support for the program.

1.3.2 Benefit of Research

1. Theoretical benefits

Theoretically, the benefit of this research is expected to increase the insight of knowledge about the government and bureaucracy. Then, to add scientific treasures in the media of learning development and the contribution directly that applying various theories which have been studied therefore can be useful also in the development of public service science.

2. Practical Benefits

Besides the theoretical benefits, the practical benefit of this research is expected to be a form of presenting an example of innovation from the existing government in Indonesia as well as making a benchmark as well as its own input to the Layad Rawat program in Bandung

1.4 Literature Review

Table1.4
List of Literature Review

No.	Title/Author	Content
1.	Mutiarin, D., Darumurti, A., Suranto, Tamronglak, A., & Whangmahaporn, P. (2016). Improving policy model of universal health coverage policy: a comparison study between Indonesia and Thailand. <i>ICONPO 2016</i> . 1-17	This journal is comparing UHC (Universal Health Coverage) with evaluation methods between two countries in Indonesia and Thailand. On this research, explaining how is UHC so important in ASEAN. And then, both of those countries start UHC program with different time. On this literature also has explained about models in Indonesia and Thailand. Then, explaining about impact of UHC in both of country, include in Indonesia or in Thailand.
2.	Wyman, Oliver. (2017). Insight from the cutting edge of an industry in transformation. <i>Health innovation journal</i> . 1(1). 5-55.	The journal, authored by Oliver Wyman, explains that the disruption of industry will cause disruption in health care that will be driven by trapped and

		highly exploited values. In the journal explained that the purpose of the research results is made into materials in creting health care system driven by innovation and based on consumer needs. So as to create value for the company and society.
3.	Akenroye, Temidayo O, Kuenne, Christoph W. (2015). The Innovation Journal, suppl. <i>Special Issue OECD Health Care Reform: Ottawa</i> 20(1). 2-21.	This journal explains the implications of findings for the health sector and future research. There are 5 organizational practices in the competencies discussed from developing an organizational framework; (1) knowledge management; (2) employee engagement and user empowerment; (3) cooperation; (4) collaboration; and (5) effective leadership and agility.
4.	Sherie, Falan. (2014). Accelerating health care transformation with lean and innovation: the Virginia mason experience. <i>International journal of healthcare information systems and informatics</i> . 9(4). 60-63	This Literature develops and combines thought and innovation concepts to transform health care. This literature provides an overview and exhaustive example of the integration of the Toyota Systems Production Methodology of Virginia Mason Medical Center in collaboration with innovations to improve and energize the delivery of health services in an

		effort to achieve the patient's experience perfectly.
5.	Anggraeny, Cindy. (2013). Inovasi pelayanan kesehatan dalam meningkatkan kualitas pelayanan di puskesmas jagir kota Surabaya. <i>Jurnal kebijakan dan manajemen publik</i> . 1(1). 85-93.	This literature explained the innovative services in Puskesmas Jagir, Kota Surabaya. Therefore, the innovation could increase the services in Puskesmas Jagir and also increasing the costumer's satisfaction. Implementation of innovation in Puskesmas Jagir run well and could being an example of the other health innovation program by local governments.
6.	Zhant et al. (2015). Using diffusion of innovation theory to understand the factors impacting patient acceptance and use of consumer e-health innovations: a case study in a primary care clinic. <i>BMC health services research</i> . 15(71). 2-15.	The issue of accessibility, quality, and cost of delivering public health services to patients is a serious problem. In this case, Consumer e-Health is a potential solution for those problems. This journal is to study the factors influencing patients' acceptance and usage of consumer e-health innovations.
7.	Rahmawati, D., & Budiono, I. (2015). Faktor pelayanan kesehatan yang berhubungan dengan keberhasilan pengobatan (Success Rate) TB paru di kabupaten sragen. <i>Unnes Journal of Public Health</i> , 4(4).	This journal discusses the combination of technology and its application in nursing. In addition, information technology can also assist child nurses in planning, conducting and evaluating nursing actions in children and

		<p>adolescents as well as families. Various software-based information technology computer has been designed to facilitate the role of nurses in the provision of nursing care, educators and advocates for children and adolescents. The efficiency and effectiveness of time and energy that can be saved by the use of information technology becomes very beneficial for the child nurse so that it can concentrate more on the quality of care provided.</p>
8.	<p>Kristiana, L., Maryani, H., & Lestari, W. (2017). Gambaran Pelaksanaan Pelayanan Kesehatan Tradisional Ramuan Menggunakan Jamu Tersaintifikasi (Studi Kasus di BKTM Makassar dan Puskesmas Karanganyar). <i>Media Penelitian dan Pengembangan Kesehatan</i>, 27(3), 185-196.</p>	<p>This research explains in the form of innovative breakthrough is rarely done by any party. Herbal medicine service using Saintifikasi Jamu (SJ) program result is still new. Currently SJ training provider is the Center for Research and Development of Medicinal Plants and Traditional Medicines (B2P2TOOT). SK National Commission of Sanctification Herbal Medicine (Komnas SJ) last is 2013 and valid for one year. Until now there has been no formation of Komnas SJ, so this program impressed the road in place.</p>

9.	Jeffrey, F., Jane, M., & Isabelle, S. (2015). Nursing and midwifery: pillars of rural and remote health innovation and development. <i>The Australian journal of rural health</i> . 23(6). 311-312.	This journal discusses an interesting topic in the treatment of midwifery. Including Aboriginal and Torres health, the value of nurse practitioners in early detection and management of chronic kidney disease for primary health care and a thorough examination of these changes. midwifery practice and maternity delivery in South Australia.
10.	Warsono, H. (2016). Inovasi pelayanan publik “posyandu ternak” bagi petani ternak di kab tenggamus provinsi lampung. <i>Research Report</i> , 592-600.	Creating innovation in public service is a necessity and not necessarily in one particular area only. Livestock health services in Tanggamus, the regency Lampung Province is not ideal. The number of extension workers is very limited, making the problem even more difficult because the livestock farming groups do not yet have the ability to handle livestock health issues. Many well-ill-treated cattle ends in death, many baby cattle are born without the help of livestock health officers, some die and others have problems.

1.5 Theoretical Framework

The theoretical framework has a wide range of definitions according to Nawawi (2001), structure theoretical framework as the basis of reasoning that shows from which angle researchers highlight the issues to be studied. Theory framework is needed in each study to provide a theoretical foundation for the author in resolving problems in the process of research. Mari Singarimbun & Sofian Effendi, on Survey Research Methods, Jakarta: LP3ES, Pg.21. Theoretical framework is very important, because in the framework of the theory will be published theories are relevant in explaining the problem that is being investigated. Later this framework is used as a theoretical basis or rationale in research conducted

1.5.1 Theory of Innovation

There are so many theories explaining about innovation. Schumpeter (on Kurniawan, 2015) as an initiator of the theories explains that the innovation is a creating then implementing something into a combination. The description of the Schumpeter's assumption is about creating a new thing then that thing can have an impact which is implemented being into the form of combination. Beside it based on Kotler (on Musyafak & Ibrahim, 2017), Innovation is goods, services, and idea which are considered a new thing to someone. Therefore, it can be concluded that innovation itself can be said as a breakthrough also a new concept that is presented when an organization gets a delay in running the program. Especially in this case, innovation is needed by the government. The government must continue to bring

renewal especially in terms of service to the public. In order for the deficiencies that have been obtained can be improved through the innovation of a program.

Innovation can be defined as —the intentional introduction and application within a role, group, or organization, of ideas, processes, products or procedures, new to the relevant unit of adoption, designed to significantly benefit the individual, the group, or wider society (West, on Omachonu: 2010). In innovating in the realm of government, it is needed a benchmark for an innovation in the idea by the government can be justified. Christiansen (on Maharani and co., 2017) explains there are several components in measuring performance related to innovation should be as follows:

1. Fit with costumer need
2. Fit either with current customer needs or with future costumer needs
3. Speed refer to market or time to implementation
4. Cost refers to cost for innovation itself

These components underscore the appropriateness of innovation with the public's needs. That means that innovation must be in accordance with the needs of the public and the needs of the times. With the sense, that innovation is a collaboration in the needs of the public and also the needs of the times. In addition, the benchmark indicates that innovation can be a renewal amid government programs

that can be said to be stuck in serving the citizens. Innovation in public sector needs to be analyzed not only in terms of improvement of service or process (e.g. faster, cheaper, more reliable, higher quality, greater reach) but also in terms of public value, which consists both of what the public values and what adds value to the public sphere (Benington, on Osborne and Brown: 2013).

Rodgers (on, Milatul et al., 2013) defines that innovation is an idea, practice or object / object that is recognized and accepted as something new by a person or group to be adopted. This suggests that in practice, the ideas put forth in innovation play an important role for the sustainability of programs acceptable by individuals and groups.

Innovation in public services is very important, because it is an innovative initiative or practice in the field of public services undertaken to improve the quality of life of the citizens by involving multi-stakeholders that are sustainable and can be transferred to other areas or other public service units (APEKSI-TRANSFORMASI [GIZ], 2016). According to the APEKSI-TRANSFORMASI [GIZ] (2016) in his prepared book, there are four principles of innovation itself:

- a) Significant impact on improving the quality of life of people and the environment.
- b) Proven sustainable both socially, culturally, economically, and environmentally.

- c) Be able to inspire other areas that have similar characteristics or transferable.
- d) Developed by local government (province, district, and city).

From the four principles, it can be described that innovation in public service is very important. This is because it can have a real impact on improving the quality of life of the surrounding citizens. In addition, in assurance as well as proof, innovation must be sustainable in order to inspire other areas that have the same problem characteristics in certain areas. Innovation certainly needed to help the government in building other plans and overcome the problems that are local. In addition, the innovation can also improve the performance of local governments so that public confidence in the government can increase.

A. Health Innovation

In the development of health services for the public, it is clearly very necessary form of innovation for the service itself. It aims to change the habit and social culture of the citizens in terms of responding to health problems in the vicinity. Innovation in the realm of public health is a special concentration from the term of innovation itself. Innovation in the field of health in today's era is very crucial and indispensable in the midst of society. Health problems demand innovation. This is the same as what Oliver Wyman (2017) mentions. Currently, potential health energies are at a high level, as consumers and employers suffer from less optimal, high cost, and inefficiency across the value chain:

- Costs increased dramatically, but Results have not proved better
- The price is opaque and difficult or impossible to assess the value of the product
- Experience interacting with the system - across health plans, service providers, and pharmacies - remains complex, and frustrating
- Product evolution is very slow, with little innovation or differentiation
- This industry is dominated by generic offers that try to serve everyone, and therefore do not serve anyone

According to PHNCI (2017) Innovation in Public Health is refer to the development of a new process, policy, product, or program that increase quality, impact, and efficiency. The term of innovation might it help the health department for addressing the emerging of threat in public health, and also the health department could get many the opportunities for doing collaboration in any program. PHNCI (2017) is also describing the characteristics of Innovation in Public Health, they are:

- a) Is novel, new, or creative;
- b) Reflects the dynamic state of change inherent in public health transformation;
- c) Occurs by internal or cross-sector collaboration;

- d) Involves co-production of the process policy, product, or program with partners, stakeholders, and/or costumers;
- e) Has the potential to generate a new or improved means to create value;
- f) Lends itself to adaptation and adoption/replication and diffusion;
- g) Generates real-time information for evaluation and course correction; and
- h) If related to technology, uses open source technology (i.e., the technology is in the public domain) so as to facilitate adaptation and adoption/replication.

The term of Innovation it is mean the one step of transformation form. Based on PHNCI (2017) the journey to transformation can be conceptualized as practices that move along three points on a spectrum: from emerging, to leading, and ultimately prevailing. With innovation, health departments would face the problem easier and discover when they need.

1.5.2 Theory of Responsiveness

Responsiveness comes from an adjective responding. In this case, the bureaucracy needs to be responsive, especially in terms of serving its people. Agus Dwiyanto (on Putra, 2016, p.5) explains that responsiveness is the ability of the bureaucracy to recognize the needs of the citizens, develop the agenda and priority of the ministry, and develop service programs in accordance with the needs and aspirations of the citizens. According to Zeitzmal Parasuraman & Berry (on Maruti, 2013), suggests that responsiveness is one instrument which is important enough to measure the performance of an organization, including public organizations.

Then, the other meaning of Responsiveness is the willingness to help customers and to provide prompt service. Keeping costumers waiting, particularly for no apparent reason, creates unnecessary negative perception of quality. In the other perspective, Darmawi (2014) explained that responsiveness is a form of bureaucratic ability in recognizing the needs of society, preparing the agenda and priorities of service and developing service programs in accordance with the needs and aspirations of the citizens. In the event of a service failure, the ability recover quickly with professionalism can create very positive perception of quality (Zeitmal Parasuraman & Berry on Maruti, 2013 p. 12). Referred to as responsiveness here is the ability of providers to recognize the needs of the society, setting the agenda and priorities of services, and developing service programs in accordance with the needs and aspirations of the society. In short it can be said that, this responsiveness measures are the responsiveness of providers to the expectations, desires and aspirations and demands of customers (Abror, 2013). Therefore, responsiveness can be measured from the willingness of employees in a government to serve in a responsive, quick, and appropriate in meeting the needs of the citizens.

Dwiyanto (on Rismawati et al., 2015, p. 280) developed some indicators of public service responsiveness, namely: service user complaints; attitude of bureaucratic apparatus in responding to service user's complaints; use of service user complaints as a reference to improving public services; various actions of the bureaucratic apparatus in providing services; and the placement of service users by

the bureaucratic apparatus in the prevailing service system. Meanwhile, Zeithalm (on Rismawati et al., 2015, p.281) describes some indicators of responsiveness of public services that respond to every customer / applicant who wants to get service, officers / servants perform careful service, officers / apparatus perform services with time precise and careful, careful handling of payment notes, all customer complaints responded by the officer. Tangkilisian (on Putra, 2016, p 6) said that responsiveness can be measured through 3 indicators; a) access; b) courtesy; and c) communication. The three referential indicators of responsiveness indicator above can be said to be reliable and appropriate in this study. Meanwhile, Zeithaml (Hardiansyah, 2011: 46) (in Widianati & Meirinawati, 2016) states that responsiveness belongs to one dimension of the quality of public service, which is mentioned in the responsiveness itself consists of several indicators, namely:

- 1) Responding to every customer / applicant of any customer / applicant seeking service;
- 2) Officers / apparatus perform services quickly;
- 3) Officers / apparatus perform services appropriately;
- 4) Officer / apparatus perform service carefully;
- 5) Officers / apparatus perform services with the right time;
- 6) All customer complaints are responded by the officer;

The concept of responsiveness is the responsibility of the receiving side of the service or the citizens (Putra, 2016). Responsiveness itself can be said as a measure of

government response to the society, because then the government can run a program through the aspirations and needs of society. Responsiveness is the ability of the bureaucracy to recognize the needs of the citizens, set up the agenda and priorities of services, and develop programs in accordance with the needs and aspirations of the society. Simple, Tangklisah (on Faisah & co., 2017) explained it can be said that this responsiveness measures the bureaucratic responsiveness to expectations, wishes and aspirations. Therefore, responsiveness is needed to measure the responsiveness of the bureaucracy to the hopes, desires, and aspirations of the people. It is an act of government responsiveness.

1.5.3 Theory of Public Service

Public services or services in general can be defined as a service; in this case the service can be in the form of goods or services that can be in the form of services. This public service is carried out by the Central Government Agencies, Regional Government, State-owned Enterprises, or Regional-Owned Enterprises. Public service has its own purpose to meet all the needs of the citizens and to comply with the laws and regulations. Beside it, the other meaning of the world service is also an activity undertaken by an organization or institution devoted to the interests of the public that may be in the form of money, goods, ideas, or ideas or letters on the basis of sincerity, pleasure, honesty, giving priority to the service.

Based on Irawan (2017), he argues that service comes from the word serve which means helping or taking care of the needs or needs of a person since the

submitted request until delivery or handover. Sinambela translating the public services is every activity doing by government to every human who has every activity with the advantage in citizen or unity itself, and also demanding the satisfaction even though the result is not viewed into a product or physical form (Irawan, 2017). As general and simply put, service is also defined into the form which is want to do something for many peoples. Service as general, is also reflect the intangible product or specifically industry sector, according to Fandy Tjiptono (Wulandari, 2015) in the other meaning of service is also could implied a whole thing which is doing by common parties (individual or Community) into the other parties (Individual or other community). Ratminto & Winarsih said (on Wulandari, 2015) public servants or public services could be defined as any form of service in the form of public goods or public services which in principle are the responsibility and implemented by the central, regional and local government agencies of State Owned Enterprises, in the framework of efforts to meet the needs of the citizens as well as in the framework of enforcing the provisions of legislation. In the provision of services, there must be a guideline for the service in accordance with the standards of the guidelines. The guidelines are set out in KEMENPAN No. 63 Year 2003, the guidelines have principles:

Table 1.5

Principles of Guideline in KEMENPAN No.63 Year 2003

No.		
1.	Simplicity	The procedure of service is not complicated, not difficult, and ease to understand
2.	Clarity	Technical requirements in the form of administrative public services, work units or officials authorized and responsible can provide services and settlement of complaints or problems in the implementation of services, as well as clarity details of service fees and payment procedures,
3.	Legal certainty	Public service has a legal umbrella that ensures certainty so it can be completed within a certain time.
4.	Accuracy	Accuracy of public services product received accurately, correctly, and legitimately
5.	Responsible	The leader of organization or officials has been appointed to responsible could have a solving complaints and issues on organizing public service.
6.	Completeness of facilities and infrastructure	That is the availability of facilities and infrastructure, equipment and other supporting adequate to support the work including provision of telecommunications technology and information technology in it.
7.	Ease of access	Place and location as well as means of service adequate, easily accessible by the citizens.

8.	Security	The product of public service must ensure the security and legal certainty.
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Public service providers need to pay attention and apply the principles, standards, organizational patterns, costs, services for the disabled, elderly, pregnant women and toddlers, special services, service bureau, citizens satisfaction level, organizational control, dispute settlement disputes, and performance evaluations providers of public services (Abror, 2013). Each public service must have a service standard and be published as a guarantee of certainty for the recipient of service. Service standard is the measure that is applied in the service delivery that must be obeyed by the giver and or the recipient of the service. As for service standards that include as follows (Ridwan and co., 2009):

1. Service procedure

Standardized service is procedures for both the giver and the recipient of the service including the union. The procedure could picture the running of public services. Therefore, the service is must be structured on the procedures.

2. Time of completion

The settlement time established from the moment of application to completion of service includes complaints.

3. Service fee

Service fees or tariffs include details specified in the service delivery process.

4. Product service

Results of services to be received in accordance with the provisions that have been determined. The product is reflected to the how the organization could gain the market area. And could ensure and guarantee with the product itself.

5. Facilities and infrastructure

Provision of adequate facilities and infrastructure services by the provision of public services. Facilities and infrastructure could be the other support and other value of public service.

6. Competence of service providers

The competence of the service provider should be properly defined based on the knowledge, skills, skills, attitudes, and behaviors required.

In running the public service, it must have the principle as the basis and reference for the sake of success and the creation of satisfaction for the citizens.

According to Ibrahim (2008), there are six principles on the public service:

1. Equality of profit and effort

In this case, the profit can be as the guarantee for satisfaction of citizen.

Therefore, citizen could give the mark for what they have from public service itself and also how far the effort of public service can provide that guarantee.

2. Authority in decision-making

This point would be another crucial point. The decision making should be decentralized therefore it would be balance between organization and costumers

3. Organizing focus

The organizations must be structured; therefore, the aim goal to operate the sources could support the front line of operational.

4. Control and supervision

The leader should give the control, pay attention to encouragement and support to every employee. This is very useful on operating the organization.

5. Reward system

The perceived quality of the customer is the focus of the reward / reward system; this can be a reflection of the organization.

6. Measurement focus

Customer satisfaction with service quality should be the focus and measurement to be achieved.

Thompson (on Andrews, 2014), talks about measurement on managing the public service, for example, suggests that for public services, measurement and control systems are especially important because they enable managers (and politicians) to continually review and analyses the resources spent and results achieved. What Thompson said it show how benchmark on public service is needed

and has the crucial position for gaining the goal of organization. Therefore, what Thompson said has integrated with the service standard above. How the service standard become a benchmark for organization, on the organization could control and measure with that.

Public service is relevant to the success of their discipline and the quality of teaching and their agenda (Holland, 2016 p. 64). Therefore, the important and crucial things on the public service are discipline and the quality of service. The understanding of services quality is mostly easier to get in much literature. According to Parasuraman et al. (on Naidoo, 2010), service quality can be defined as an overall judgment similar to towards the service and generally accepted as an antecedent of overall customer satisfaction. Service quality determines the satisfaction of citizen. According to Rohman, Sa'id, Arif and Purnomo (as cited Firananda, 2016) said that public service spearheading the interaction between society and government. Therefore, bureaucratic performance could be assed to see how far the quality of public service. Service quality is also as the other assessment of citizen to choose or to continue consuming the services for public. Perceived service quality results from comparisons by customers of expectations with their perceptions of service delivered by the suppliers (Zeithaml, on Naidoo, 2010 p. 38). If expectations are greater than performance, then perceived quality is less than satisfactory and hence customer dissatisfaction occurs (Zeithaml and Bitner, on Naidoo, 2010 p. 38).

Thus, it is clear that public role is the process of achieving the needs of society. Without underserved, society is not able to meet the desires and needs. The state must be present in ensuring the needs through the services provided. It is also regulated in the legislation, and then there is no reason for the State to not serve the citizens.

1.5.4 Theory of Service Improvement

In the service concept needed repair. The goal of improving these services is to achieve a higher quality experience for patients than the current NHS achieves (Maher and Penny in the Gilliangranville association, 2006). In performing service improvement, clear process preparation is required. The preparation process in this case is carried out mapping process in order to have a very clear picture to make an improvement in the realm of public service. Center for Change and innovation (CCI, 2005) explain the process mapping, process mapping is a simple technique that can have a significant impact. It is a tool which is used to capture the patient's journey of care at every stage. Process maps are an effective way to identify constraints and bottlenecks, rework (activity required to correct situations that could have been avoided) and unnecessary process steps. While simple process mapping, good preparation at the outset will ensure that process maps are useful and supportive of service improvements (CCI, 2005):

- a) Start by determining what you want to accomplish

- b) The starting and ending points of the process - the scope
- c) What steps will you use to show that changes really improve the service.

Process mapping is the first step in the improvement process and should inform the steps

- d) Identify which staff needs to be involved in process mapping
- e) Involve the patient and / or career
- f) Identify the level of detail required

The Health Foundation (2013) mentions that there are several approaches in terms of service improvements made by hospitals addressing this in terms of improving service quality, as well as identifying some of the pendants in accordance with the theory:

Table 1.6
Service Improvement Approaches

No	Name of Approaches	Content
1.	Business process reengineering	In this approach, explaining the most basic things, namely how an organization is designed by an impulse from above. In this case someone who has a visionary nature. With this approach, organizations can be more efficient and can identify waste by restructuring a series of activities.
2.	Experience based co-design	The approach is done by exploring the data, making observations and group discussions

		to identify "Touch-point". This approach aims to improve the deep patient experience, as well as improve the performance of a staff member in a partnership.
3.	Lean	This approach is so well known, the article in this approach exemplifies how the Toyota factory takes into account the quality management system in production; a) customer value; b) managing value streams; c) regulate production flow (to avoid quiet patches and bottlenecks); d) reduce waste; and e) using the 'pull' mechanism of support flow.
4.	Model for improvement (including PDSA)	In this approach, it can be said to be a sustainable approach. In the sense that this approach can take place in a long time. Planning, doing, studying, and acting (PDSA) are indicators of this model. Based on some fundamental questions; a) what are we trying to accomplish? b) how will we know that change is an improvement c) what changes can we make that will result in improvement? Each cycle starts with hunches, theories and ideas and helps them evolve into knowledge that can inform action and, ultimately, produce positive outcomes

5.	Six sigma	This is a systematic approach to improving a product or process. How an organization's customers can identify defects in products or services. Then work to improve product quality from customer criticism. This approach is widely used in service industries.
6.	Statistical process control	This approach examines the difference between natural variation (known as 'common cause variation') and variation that can be controlled ('special cause variation'). The approach uses control charts that display boundaries for acceptable variation in a process. Data are collected over time to show whether a process is within control limits in order to detect poor or deteriorating performance and target where improvements are needed.
7.	Theory of constraints	The theory of constraints came from a simple concept similar to the idea that a chain is only as strong as its weakest link. It recognizes that movement along a process, or chain of tasks, will only flow at the rate of the task that has the least capacity. The approach involves; a) identifying the constraint (or bottleneck) in the process and getting the most out of that constraint (since this rate-limiting step determines the

		system's throughput, the entire value of the system is represented by what flows through this bottleneck); b) recognizing the impact of mismatches between the variations in demand and variations in capacity at the process constraint.
8.	Total Quality management (TQM)	This approach is also known as continuous quality improvement. It is a management approach that focuses on the quality and role of society in an organization in terms of developing changes in culture, processes, and practices. There are several factors that include: a) leadership; b) customer focus; c) systematic decision-making and systematic approach to management and change.

NHS Institute of Innovation and Improvement (2010) mentions several stages in the framework of service improvement (see figure). There are several critical elements for success which should be continually considered throughout the life of the project. These are:

- a) Stakeholder engagement and involvement
- b) Sustainability
- c) Measurement
- d) Risk and issues management

e) Project documentation and gateway criteria

Then, all the explanations above would combine with the following six steps below. The six stages will perform successfully if every step is followed from the beginning. The six stages are the framework for service improvement which has a correlation with whole critical elements above. The project would be run if the critical elements could integrate with the framework of service improvement. Here the explanation the aims for every stage:

- a) Stage 1: to establish a rationale for any improvement work and obtain support for this work from an appropriate sponsor.
- b) Stage 2: to ensure the project starts in the right areas and to develop a project structure to provide a solid foundation.
- c) Stage 3: to measure the current situation and understand the level of change required in these measures to achieve the defined aims and objectives.
- d) Stage 4: to design and plan the activities required to achieve the objectives that have been established.
- e) Stage 5: to test out proposed changes via pilots before the changes are fully implemented
- f) Stage 6: to ensure that changes which have been implemented are sustained and are shared to aid learning

1.6 Conceptual Definition

The creation of Innovation in the realm of governance is due to several fundamental reasons; namely to solve problems more effectively and efficiently. It is also based on accelerating the creation of bureaucratic reforms to produce quality public services. So as to build a public trust that continues to increase. On the other hand, the existence of innovation can also be an inspiration for other regions in the public service.

The definition of health services according to the Ministry of Health of the Republic of Indonesia Year 2009 as stipulated in the Health Law on Health is any effort that is held alone or collectively in an organization to maintain and improve health, prevent and cure diseases and restore health, family, group or community. Health services are crucial because health is an important aspect in people's lives other than clothing, food and shelter. With the guarantee of public health by the State, it will be easy guaranteed also the level of life of a more prosperous society.

1.7 Operational Definition

Operational definition in this research combines several theories and approach, namely theory in Innovation; Rodgers's Theory would combine with APEKSI-TRANSFORMATION statement. Then, Ratminto & Winarsih and Thompson would be the other criteria for explaining public service theory. And the last, Darmawi and Tangklisan are as the other criteria to explain responsiveness. Whole theory would

combine by six sigma approaches as the approach of the service improvement.

Therefore, get an overview of an operational definition as follows:

1.7.1 Innovation

- a) Form of Innovation and program policies
- b) The background and purpose of the innovation
- c) Political support from the government
- d) Cooperate with related institution

1.7.2 Impact of Innovation

- a) Conventional needs with the community
- b) Programmatic program by the community

1.8 Research Methods

1.8.1 Type of Research

In this case we used a type of qualitative research methods. Qualitative methods are methods that more emphasis on the in-depth understanding of a problem rather than looking at the problem of generalization research. The research method is preferred to use in-depth analysis techniques (in-depth analysis), which examines the issue case by case as qualitative methodology believe that the nature of the problem will vary with the nature of other problems. The purpose of this methodology is not a generalization but in-depth understanding of a problem. Qualitative research serves to provide substantive categories and qualitative research hypothesis.

As is common in qualitative research, the data analysis process takes place during the data collection process and after the data collection period. The process of analysis flows from the beginning to the conclusion of the research. The analytical model in qualitative research is called various interactive models. As stated by Further, Miles and Huberman (on Carcary, 2011) the strengths of qualitative data rest very centrally on the competence with which their analysis is carried out

1.8.2 Location

The location of the case study is in Layad Rawat Program exactly in Bandung City. The research use interview and observation. And the object of the research is the Public Health Department in Bandung City. Beside it, the research is also interviewing to the respondent who has get the impact of the program and Community Health Center or UPT Puskesmas which has ever done this program. Therefore, this research would do by visiting to the homes of citizens in Bandung City.

1.8.3 Types of Data

This research use qualitative research. one of many technic of this research was by triangulasi process which is examination technic of data that abuse something else out of those data for checking purposes or as the comparison toward those data. Based on Sulistiany (On Moloeng, 1999) there is 4 kind of the technic :

A. Construct Validity

There are some of constructs validity of data:

1. Triangulation of data. Using many of sourcelike documen, files, and interview. Observation and interview more than 1 subject considered have new view point.
2. Triangulation of observer. There are a observer out of the researcher that include on investigation the data. On this research, the lecturer as the observer (expert judgement) that give coment toward the research.
3. Triangulation of theory. Use many of theory that different to make sure that the data have been appropriate.
4. Triangulation of method. Use many of method on research like interview and observation.

B. Internal Validity

Internal validity is the concept that heading to the conclusion of the research. this validity can be accomplished by analyzing process and interpretation.

C. Eksternal validity

Eksternal validity heading to the result of the research by generalitation process to other case. Even on the research there is no real conclusion, but the qualitative research have a eksternal validity toward another case as long as those case have the same konteks.

D. Reliability

According to Kurniawan (2015), Reliability is the ability to deliver promised services is accurate. Reliability is also the concept that heading to the next research on this research, reabilitas heading to the next researcher may get the same result if the research did once again with the same object.

1.8.4 Data Collect

Components of data analysis that covers data analysis in research conducted three stages which include

1. Interview

The interview do deeply with the Health Department of Bandung City and parties which is related, the interview needed to know deeply about the problem and information related to innovation program. The interview will do to the citizens directly that get the impact from Layad Rawat Program.

2. Observation

Observation is the technic to identify the object related to the research that will observe from social condition, culture and environment. In this resarch, the object will identify by library research.

1.8.5 Validity of data

In testing the validity of the data used is a triangulation technique. Triangulation is a data proofing technique that utilizes something else outside of it, for checking or comparative purposes of that data. The regime discusses four kinds of

triangulation as an examination technique that utilizes the use of sources, methods, investigators and theories. In this study, researchers sort out the triangulation technique used is source triangulation. Triangulation with sources means comparing and rechecking the degree of confidence of information gained through different times and tools in qualitative methods. This can be achieved by the way:

- A) Comparing observational data with interview data
- B) Compare what people say about the research situation
- C) Compare what people say about the research situation with what is being said
- D) Compare the results of interviews with the contents of a related document (Moleong, on Hadi: 2017)

1.8.6 Source of Data

Sources of data in this study through primary data and secondary data such as the following explanation:

- a) Primary Data, is data in the form of verbal or spoken words orally, gestures or behaviors performed by a reliable subject, that is the subject of research or informants regarding the variables studied or data obtained from respondents in directly (Arikunto, 2010).
- b) Secondary Data is data obtained from data collection techniques that support the primary data. In this study obtained from the observations made by the author as well as from literature studies. Can be said this

secondary data can come from graphic documents such as tables, notes, SMS, photos and others (Arikunto, 2010).

1.8.7 Technic of Data Analysis

As is common in qualitative research, the data analysis process takes place during the data collection process and after the data collection period. The process of analysis flows from the beginning to the conclusion of the research. The analytical model in qualitative research is called various interactive models. As stated by Further, Miles and Huberman (on Carcary, 2011). In this interactive model data analysis. Components of data analysis that covers data analysis in research conducted three stages which include.

A. Data reduction

In the reduction of data in the selection process, concentration of attention and simplification of data. Data obtained from the field may be quite large and complex. That is why data reduction is needed. In this case only the data relevant to the purpose of research are taken, while the irrelevant removed. Data arranged and selected the main things are focused on the important data, and then sought the theme and pattern. Thus, the data that has been reduced will provide a clearer picture, thus facilitating researchers in collecting and adding relevant data then data reduction done simultaneously with the collection process until the completion.

B. Presentation of Data

After the data is reduced, then the next step is the presentation of data. Through the presentation of data, the data will be organized well, arranged in a relationship pattern so easy to understand the presentation of data presented in the form of a narrative. This textual and narrative presentation is also a feature of qualitative research

C. Conclusion, Verification and Reflection

In this process the researcher undertakes an interpretation of the meaning of empirical data that has been collected and categorized previously systematically. The verification process is repetitive and dynamic in a variety of practical situations in the field. Verification is done on oral and documentation information. The process of reflection is done to obtain a correct understanding and for the words and meanings behind the utterances conclusions in this qualitative research are the findings of causal relationships or interactions presented in the form of description.