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PEOPLE WITH DISABILITIES IN GUNUNGKIDUL REGENCY YEAR 2018**

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THE EVALUATION OF SPECIAL HEALTH INSURANCE PROGRAM FOR PEOPLE WITH DISABILITIES IN GUNUNGKIDUL REGENCY YEAR 2018

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Abstract

The Special Health Insurance Program (Jamkesus) is an activity of health services and health insurance that aims to provide health services for people with disabilities in the Special Region of Yogyakarta, especially in Gunungkidul Regency. However the implementation of Jamkesus program in Gunungkidul Regency is still not enough, because it is only carried out once a year compared with the other regions in the Special Region of Yogyakarta. This program is driven by the Special Health Insurance Administrator of DIY and cooperated with the Social Service of Gunungkidul Regency. This study aims to determine how the results of the evaluation of the special health insurance program for people with disabilities in Gunungkidul Regency 2018.

In this study, the researcher used descriptive qualitative methods. The study was conducted at the Social Health Insurance Agency of DIY, Social Service of Gunungkidul Regency, and people with disabilities. This study uses the theory of William N Dunn as the indicator in measuring effectiveness, efficiency, equity, responsiveness, and accuracy.

According to the results of the analysis and research results of the research, it was revealed that first, the clarity of the objectives of the Jamkesus program has been running and has been effective in fulfilling the rights and health insurance for people with disabilities in Gunungkidul Regency. The target of achieving the Jamkesus program in Gunungkidul Regency it is not effective yet. Second, the human resources owned by the Social Security Organizing Board and the networks in Gunungkidul Regency have been efficient and the budget used has not been efficient. Third, there was the equal distribution of the use of distributed costs and benefits. Fourth, Gunungkidul Regency community response related to the Jamkesus program is quite good. Fifth, the accuracy of the Jamkesus program is quite effective and efficient and is useful for people with disabilities.

The suggestions that the researcher can give from this study are (1) obtaining more attention and more assistance from the local government of Gunungkidul Regency such as the special fund for the implementation of Jamkesus program, so the Jamkesus program implementation activities in Gunungkidul Regency are further improved and (2) collaborate more closely between human resources owned by the Social Health Insurance Administrator of DIY and human resources owned by the Social Service of Gunungkidul Regency so that the implementation of the Jamkesus program remains well implemented.

Keyword: People with Disabilities, Social Health Insurance (Jamkesus Program)

INTRODUCTION

People with disabilities are groups of people who have limitations that can be part of the community. Indonesia participates in funding conventions on the rights of people with disabilities and commite the country to take policies that govern the movement for people with disabilities regarding gender-vulnerable health services, including health rehabilitation (Nurhidayati, 2016). The emergence of disability can be based on health problems that arise from birth, chronic or acute, and injuries that may be caused by accidents, and disaster.

In Indonesia, people with disabilities have received special attention from the government, one of which is the Law governing People with Disabilities, namely the Law of the Republic of Indonesia Number 8 of 2016 which was ratified in 2017 and several Regional Regulations governing specifically about Persons with Disabilities.

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

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

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

Distribution of People with Disabilities based on Regency/City in DIY in 2015

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

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

From the table above, Gunungkidul Regency is the regency that has the highest number of people with disabilities, namely 7,860 people with disabilities. With the large number of people with disabilities in Guningkidul, the government must work harder in providing maximum and optimal services and evenly distributing to people with disabilities in the

DIY area, especially in Gunungkidul Regency and its surroundings. In addition, the large areas and quite heavy terrain conditions pose a challenge to carry out services from the center.

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

The beginning of the implementation of the *Jamkesus* was based on the Governor Regulation No. 51 of 2013 concerning the System for the Implementation of Special Health Insurance for People with disabilities. In the regulation, it was stated that the definition of Special Health Insurance for people with disabilities or *Jamkesus* Disability is health insurance for people with disabilities which aims to provide health services that are sustainable, accessible, and affordable, and to provide medical devices for people with disabilities according to medical indications (Aris Widiyanto, 2016). The Special Health Insurance Program (*JAMKESUS*), which is run by the Social Health Insurance Administrator of DIY, has been implemented since 2013 with the aim of providing services and assistance to people with disabilities, especially in the health sector for free.

On the other hand, this program still has many unresolved obstacles and needs to be explored what factors are obstacles of the program. Starting from the implementation of the program, the data collection and participation which are still confusing, to the recipients of Social Health Insurance who often do not know whether they have been registered to receive *Jamkesus* services or not, the service system, service quality standards, and service capacity and service personnel are still inadequate. From this problem, the government must pay more attention in improving the services that will be provided to the community so that services can be enjoyed by the service recipients (Priyanto, 2016).

The Formulation of the Problem

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

Theoretical Framework

1. Theory of Program Evaluation

There are several definitions from experts regarding program evaluation. According to Ralph Tyler (1950), the definition of program evaluation is a process to find out whether the

program objectives can be realized. Whereas, according to Cronbach (1963) and Sufflebeam (1971), program evaluation is an effort to provide information to be conveyed to decision makers (Arikunto, 2007).

From the various definitions above, it can be concluded that by program evaluation is an activity to gather information about the workings of a government program which then, information is used to determine alternatives or choices that are fixed in making a decision or to improve a program that has been running and not relevant applied (Mutiarin & Zaenudin, 2014). According to William N Dunn, there are several criteria for evaluating a policy, namely (Dunn, 2003), among others:

- 1) Effectiveness is a measure that states how far the target (quality, quantity, and time) are achieved by governance, and whether the desired results have been achieved. Effectiveness is called effective if the goal or target is predetermined.
- 2) Efficiency, namely the accuracy of the use of existing resources and the accuracy in the use of costs by utilizing the obtained. Efficiency is more to see how to achieve the results achieved by comparing the input to the output.
- 3) Equity is a criterion to measure the accuracy of the use of costs and benefits whether it is distributed equally to the target group.
- 4) Responsiveness is a criterion for measuring suitability between programs and activities. It is in accordance with needs, references or values of certain groups.
- 5) Accuracy is to measure the results of the desired goal whether it is really useful or valuable.

In this research, the researcher used Dunn's theory as the basis for measuring analysis of program evaluation indicators. The use of the theory is based on more comprehensive program evaluation indicators. Hence, this study used Dunn's theory by applying the six indicators that have been able to represent other theories and produce analysis with a scope that covers all aspects of the study of evaluation.

2. Public Services

According to Law No. 25 of 2009 concerning Public Service, public service are activities or service requirements for every citizen and resident for administrative goods, services and or services provided by public service providers. In the context of public services, based on (Moenir Kurniawan 2005: 7) cited in (Risna, 2018), it is activities carried out by a person or group of people on the basis of material factors through certain systems,

procedures and methods, and must fulfill the interests of others in accordance with their rights.

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

- a) Services are matters or ways of serving.
- b) Services are facilities provided in connection with the sale and purchase of goods and services.
- c) Medical services are services that a person receives in relation to prevention, diagnosis and treatment of a particular health disorder.
- d) Public means many people (general)

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

3. People with Disabilities

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

Disability is a physical or mental disorder or lack of senses that is owned by someone who causes the person to be unable to carry out their functions like a normal person in a community, so they are often referred to as someone having a social disorder (Thohari, 2017). The types of persons with disabilities according to Cloridge (1997:42) cited in (Muntaz & Rahmawati, 2015) there are disability limitations, such as:

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

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

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

- a) Impairment: disability which is loss or abnormality in both physiological and anatomical structure or function abnormalities.
- b) Disability: people who have the inability to perform certain activities as normal people serve due to impairment conditions
- c) Handicap: disability experiencing difficulties in personal, family and community life, both in the social, economic and psychological fields experienced by a person caused by these abnormalities.

METHODOLOGY

In this study, the researcher used descriptive qualitative research. According to (Moleong, 2005), qualitative research is research that aims to know and understand the events or phenomena experienced by the subjects, such as behavior, perception, motivation, as a whole, and in description in the form of words and languages, in a specific natural context and by utilizing various methods natural.

Qualitative research also requires a descriptive approach, as the descriptive approach is a method used to describe the condition of a particular object based on visible facts which is then followed by an attempt to draw a conclusion in general based on some of these historical facts (Nawawi, 1994). Thus, this study uses descriptive qualitative research based on the results of data from the study, which is more focused on the interview approach that aims to collect data directly interact with sources or conversations face to face. In addition to interviews, researchers also use secondary data in the form of documents obtained from the internet such as news, and government websites and also the authors use data from the Social Health Insurance Administrator of DIY and Social Service of Gunungkidul Regency.

DISCUSSION AND ANALYSIS

1. Effectiveness

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 (*Jamkesmas*).

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

The purpose of the *Jamkesus* 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. According to the Head of Section for Participation and Development of Guarantees in the Social Health Insurance of DIY, the aim of the *Jamkesus* program is 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 due to procedures for conducting health services is very difficult for people with disabilities.

Therefore, in 2015 there was a change in concept where the concept change made it easier for health services in the administration of health administration and medical treatment. This concept change was made *one door or one stop service* to shorten the service procedures for people with disabilities to get health insurance 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 up to 9 procedures procedures are performed beforehand by people with disabilities to obtain the provision of assistive devices or health financing.

With the change in concept, health services from the *Jamkesus* Program are made *one door or one stop service*, which provides convenience in managing Health Insurance requirements such as administration of assurance, medical, membership, and assessment of the tools for assistive devices 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, from the Social Service of Gunungkidul Regency itself as the closest colleague of the Social Health Insurance Administrator of DIY confirmed the Head of Social Welfare in the Social Service of Gunungkidul Regency that the purpose of the *Jamkesus* program implemented by the Social Health Insurance Administrator of DIY had been sufficiently realized and running properly in accordance with the aim of 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

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 *Jamkesmas* 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:

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 *Jamkesmas* 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.

The Number of People with disabilities Attending *Jamkesmas* Program Services in Gunungkidul Regency in 2018

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

Sources: Laporan Akhir Kegiatan Jamkesmas 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. The obstacle is caused by the device to duplicate a file or copy machine when it is experiencing interference. Then, there are 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 Service

a. Basic Medical

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 Assesment

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.

Based on the data obtained by researchers, Jamkesus participants received references for 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.

Based on the activities of the Special Health Insurance service in Gunungkidul Regency in 2018 it can be seen that the planning and realization of the *Jamkesus*

program activities are in accordance with the plan and shows that, services in 2018 can be carried out properly and smoothly.

The target number of *Jamkesmas* participants that has been determined each year is 100 to 150 people with disabilities. This is because the implementation of the *Jamkesmas* program carried out by the Social Health Insurance Administrator of DIY with the Social Service of Gunungkidul Regency was carried out for only 1 day. If it exceeds 150 participants, the implementation of the *Jamkesmas* program could take until the afternoon and this could had an impact on the maximum number of health services provided to people with disabilities.

According to the Head of Social Welfare in the Social Service of Gunungkidul Regency, stated that the implementation of the *Jamkesmas* program in Gunungkidul Regency in 2018, only 121 people were realized in utilizing the *Jamkesmas* program organized by the Social Health Insurance Administrator of DIY and Social Service of Gunungkidul Regency, because participants who were not present were unable to attend.

In one time the implementation of the *Jamkesmas* program, consisting of 4 to 5 sub-districts. The *Jamkesmas* Program in Gunungkidul Regency itself had been carried out 7 times, but according the Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY stated, the *Jamkesmas* program is only implemented once a year compared to other regions in the Special Region of Yogyakarta. This is due to the fact that Gunungkidul Regency itself had not yet issued an APBD that specializes in this Special Health Insurance Program. So, *Jamkesmas* program activities carried out specifically in Gunungkidul Regency are limited to once a year.

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

The Distribution of Benefit Recipients (PBI) *Jamkesmas*

Based on City/Regency in DIY, 2017-2018

District /City	PBI Jamkesmas 2017	PBI Jamkesmas 2018
Jogja City	1.864	1.952
Bantul Regency	5.726	5.791
Gunungkidul Regency	1.112	8.654
Kulon Progo Regency	8.157	5.067

Sleman Regency	5.165	10.268
Total	22.024	31.732

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 Regency 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.

2. Efficiency

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

In maximizing the implementation of the *Jamkesus* program, assisted by human resources. Based on the results of an interview with the Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY, explained that the *Jamkesus* program was assisted by around 60 human resources or stakeholders in the service of the *Jamkesus* program. Human resources or stakeholders that researchers found included the Yogyakarta Province Integrated Disability Rehabilitation Center of Social Service of DIY, Social Service of Regency/City, Indonesian Village Apparatus Association (PPDI), Indonesian Inter-Population Radio (RAPI), Health Office District/City, Labor Office District/City, TNI, POLRI, District Social Welfare Workers (TKSK), Community Social Workers (PSM), Regional Family Welfare Empowerment (PKK), Social Volunteers, Local Non-Government Organizations (NGOs), PMI, Disaster Preparedness Organization (TAGANA) regions, the regional National Amil Zakat Agency (BAZNAS), and the Indonesian Radio Amateur Organization (ORARI).

In addition, the Social Health Insurance Administrator of DIY also cooperates with district and sub-district Local Non-Government Organizations (NGOs) in Gunungkidul Regency so that the program can be carried out smoothly. In Gunungkidul Regency, the Social Service of Gunungkidul Regency is assisted by the Gunungkidul Disability Communication Forum (FKDG), the Gunungkidul Indonesian Village Apparatus Association, and the District Social Welfare Workers to record and maximize the number of people with disabilities who will be present in the

implementation of the *Jamkesmas* program organized by the Social Health Insurance Administrator of DIY and Social Service of Gunungkidul Regency. Data collection on people with disabilities is carried out 2 days before the *Jamkesmas* program.

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

The budget is a very important component, so this component is expected to be able to support the activities of the *Jamkesmas* Program. In the implementation of the *Jamkesmas* program in DIY, they had special funds from the APBD of DIY Province, which are then managed by the Social Health Insurance Administrator of DIY. Funds devoted to the *Jamkesmas* Program amounted to 7 billion to guarantee health services financing and procurement of assistive devices. However, the budget is limited according to the needs of people with disabilities because Gunungkidul Regency still does not have its own budget for implementing Special Health Insurance. Therefore, the budget provided by APBD of DIY Province is very limited and allocates it very limited. This matter needs to be considered again by the local government of Gunungkidul Regency where the focus on the problems of people with disabilities in Gunungkidul is still lacking.

3. 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 facilities 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.

The Social Service of Gunungkidul Regency, the closest colleague of the Social Health Insurance Administrator of DIY, revealed that facilities and infrastructure provided by the Social Health Insurance Administrator of DIY during the *Jamkesmas* program were effective, equitable, and fulfilled for people with disabilities because of mobilization facilities such as transportation or the ambulance for picked up and service is good. According the Head of Social Welfare for in the Social Service of Gunungkidul Regency, stated that the party from the Social Service of Gunungkidul Regency had been able to collaborate with various institutions and community institutions to meet the problem of facilities and infrastructure needed to assist in the Special Health Insurance program.

For the provision of assistive devices by the Social Health Insurance Administrator of DIY, the tool is issued for a maximum of 1.5-2 months and the given aid is certified 2 to 5 years. These tools can be replaced if the tools are damaged or improper to use and there are medical indications that they must be given to people with disabilities. According to the results of an interview with the Section Head of the Health Insurance Services at the Social Health Insurance of DIY, that the distribution of health facilities and financing as well as health services for *Jamkesmas* participants was very sufficient and evenly distributed.

4. 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 community who participated in the *Jamkesmas* program was very good by the community especially those in Gunungkidul Regency. With this *Jamkesmas* program, people with disabilities who take part in this program are provided with facilities and facilitate *Jamkesmas* participants. From the results of interviews conducted with several communities and people with disabilities in Gunungkidul Regency, they really need the attention of the government to help alleviate the problems they face.

The Special Health Insurance program is very helpful and can ease their burden, because people with disabilities have more needs, so the role of the government and related agencies is needed to increase in providing special health insurance program services for people with disabilities. However, the need for improvement for the provision of assistive devices in accordance with the procedure. Provision of assistive devices is somewhat longer than the time limit set by the Social Health Insurance Administration of DIY. In addition, further improvement is needed in providing better *Jamkesmas* services to all people with disabilities in Gunungkidul Regency.

From some of the communities interviewed by the researchers, the community response to the *Jamkesmas* program was said to had been quite good in terms of helping and serving the people who had deficiencies. However, the implementation of *Jamkesmas* socialization and services, which are usually held once a year, can be increased to two or three times a year.

5. 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. According to the Head of Section for Participation and Development of Guarantees in the Social Health Insurance Administrator of DIY explained that, the accuracy of the results and the desired objectives of the Special Health Insurance program was appropriately given to the target of all people with disabilities, poverty and non-poverty. The target has been carried out in accordance with the Decree of the Governor of DIY and the Decree of the Regency.

Meanwhile, the Social Service of Gunungkidul Regency stated that the implementation of the Special Health Insurance program that was carried out especially in Gunungkidul Regency was effective and equitable because it was able to meet the needs for persons with disabilities in Gunungkidul Regency, although it was still unable to provide services in its entirety. Moreover, the level of people with disabilities in the regencies in Gunungkidul is one of the areas that has the highest level of people with disabilities in DIY. This must be paid more attention by related institutions so that the Jamkesus program can be further improved, seeing the geographical condition of Gunungkidul Regency which has an uphill road.

Then, the Section Head of Health Insurance Services at the Social Health Insurance Administrator of DIY stated that the Social Health Insurance Administrator of DIY continues to strive to always improve and maximize the networks they have in Gunungkidul Regency. The networks in question are human resources in order to improve the Jamkesus program so that the services they provide can be accepted by other disability drivers.

CONCLUSION

The effectiveness of the purpose of the Special Health Insurance Program in Gunungkidul Regency in fulfilling the rights and access for people with disabilities in Gunungkidul District had been quite effective and the target of the Special Health Insurance Program in the *Jamkesus* program activities can be said not effective yet, because the implementation of the *Jamkesus* program carried out in Gunungkidul Regency is still being carried out once a year, it is compared to other regions.

Efficiency in utilizing human resources in the *Jamkesus* program in Gunungkidul District owned by the Social Health Insurance Administrator of DIY and the networks owned by the Social Service of Gunungkidul Regency had been able to help maximize the Special Health Insurance program (*Jamkesus*) and the budget in the implementation of the *Jamkesus* program in Gunungkidul Regency still has problems, because Gunungkidul Regency does not have yet its own regional budget in the implementation of *Jamkesus*. Therefore, the budget for the implementation of the *Jamkesus* program in Gunungkidul district itself is still fully funded by the APBD of DIY Province through the Social Health Insurance Administrator so that the APBD of DIY budget is allocated very limited.

Equity in measuring the accuracy of facilities and infrastructure distributed by the Social Health Insurance Administrator of DIY for people with disabilities especially in Gunungkidul Regency had been fulfilled and assisted people with disabilities especially people with disabilities in Gunungkidul Regency.

The responsiveness of the community towards the *Jamkesus* program, especially the people of Gunungkidul Regency, has a fairly good response. Many people accepted the *Jamkesus* program well because, with the *Jamkesus* program, people with disabilities in Gunungkidul felt quite helped in reducing the burden and problems they faced.

The accuracy of the results of the implementation of the *Jamkesus* program has been quite effective and efficient and is useful for people with disabilities especially those in Gunungkidul Regency. However, the Special Integrated Health Insurance program in Gunungkidul Regency is only done once a year, making it still lacking in fulfilling the rights and attention in Gunungkidul Regency.

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