

Healthy Indonesian Card Program For The Poor Society (Study on the Implementation of Policy for the Healthy Indonesian Card Program in East Southeast Indonesia)

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Submitted: 10-08-2022

Revised: 20-08-2022

Accepted: 22-08-2022

ABSTRACT :This study aimed to explain and evaluate how the President's policy-based Healthy Indonesia Card Program for the underprivileged was implemented in Nassau Village, Malacca Regency. The approach taken is a qualitative one. The purpose of the study is to, methodically and humbly, explain how the President's policy regarding the Healthy Indonesia Card Program is being implemented to support the process of creating the Healthy Indonesia Card for the Poor. Pictures can then be used to evaluate and understand the data, allowing conclusions to be drawn. The Malacca District Social Service, the village chief and his secretary, and the Healthy Indonesia Card (HIC) in the vicinity of Nassau Village, Malacca Regency, were the research topics for this study. Both primary and secondary data were employed. The study's findings indicate that the Healthy Indonesia Card policy distribution has been progressing well in Nassau Village, but several issues still prevent it from being distributed. The policy content and the policy environment, where the policy content variable consists of multiple indicators, including the interests that impact the policy; the policy environment; and the Implementation of the Healthy Indonesia Card policy in Nassau Village. The Healthy Indonesia Card policy includes several distribution implementations, including data collection, determination, and the delivery of HIC for the poor. The benefit obtained from this policy is felt by the poor, and it can be said that it can positively impact health services. Before introducing kids, people could only purchase medicine at the store

because they lacked the funds for medical expenses.

KEYWORDS: Healthy Indonesian Card program, Poor Community, Implementation

I. INTRODUCTION

According to [1] the government must act in the public interest as a state administrator through various service sectors, particularly those that deal with the fulfilment of civil rights and the population's requirements at large. In other words, all pursuits are about the pursuits of many people's lives, particularly in the health field. The Implementation of health in Indonesia is crucial to be carried out to increase awareness, willingness, and ability to live healthy for everyone in order to realize general welfare for all. Services in the health sector are one of the forms of service that are most needed by the community—the realization of universal health insurance by the people of Indonesia.

Since most people in Indonesia are from middle-class or lower socioeconomic backgrounds, they are prone to various health issues, such as poor access to medical facilities. This affects people's lives directly, such as the low ability of people to access health services, the low community efforts to prevent disease and promote healthy living, the common knowledge of different symptoms and types of diseases, the low environmental quality, and the uneven distribution of health workers. The government established a health care program to provide health services that benefit all societal levels, particularly those below the poverty line. The realization of a Sovereign,

Independent, and Personalized Indonesia based on Mutual Cooperation, as stated by Indonesian President Joko Widodo, has a meaningful association with the fifth objective of Nawacita, namely raising the standard of living for Indonesians, as stated by [2]. Therefore, with Presidential Instruction No. 07 of 2014 regarding Healthy Indonesia Cards, Smart Indonesia Cards, and Prosperous Family Cards, the government established a health care program to provide health services that can reach all segments of society.

The Healthy Indonesia Card Program, later abbreviated to "HIC," was then introduced as a way for the government to demonstrate its commitment to the cause. As part of its development, two programs—the Healthy Indonesia Card (HIC) program and the Health Social Security Administering Body Card—are being implemented by the Ministry of Health's strategic plan for 2015–2019 and the National Development Planning System. Healthy Indonesia Card (HIC) is a legitimate program for the National Health Insurance; Social Insurance Administration Organization, which is entirely accountable to the President, previously implemented the National Health Insurance Program. A way to strengthen the Social Insurance Administration Organization program, particularly for Contribution Assistance Recipients, is the Healthy Indonesia Card Program (HIC).

Various legal frameworks about health services demonstrate how the principles of good governance are used as the foundation for state administration in the health sector. This is because Indonesia is a constitutional republic, meaning all governmental and public actions must be lawful. The government is still responsible for distributing and enhancing health care at all societal levels. The success of development in many areas has raised people's welfare and awareness of healthy living, which will impact the rise in health needs for services and equity, including both quantity and quality of employees, facilities, and infrastructure. Therefore, precautions must be taken to safeguard the provider and the recipient of health services. A dynamic health legal instrument is required so that health care is always tied to the principle of legal certainty for both recipients and providers of health services. This will give legal certainty and protection to improve, direct, and create the framework for health development. Numerous additional legal issues, such as those related to criminal law, general civil law, and administrative law, are not exempt from all these arrangements. In order to meet the community's basic needs, government hospitals, as one healthcare facility,

must work to improve the quality of health services [3]. A dynamic health legal instrument is needed to guide and lay the foundation for healthy development, and health care must always be tied to the principle of legal certainty for both consumers and providers of health services. Numerous additional legal issues, such as those related to criminal law, general civil law, and administrative law, are not exempt from all these arrangements. Directing and providing the foundation for healthy development requires a dynamic health legal instrument so that health care must always be related to the principle of legal certainty for recipients and providers of health services. Government hospitals must improve the quality of health services so that the community's needs for basic things can be met [3]. Numerous additional legal issues, such as those related to criminal law, general civil law, and administrative law, are not exempt from all these arrangements. In order to meet the community's basic needs, government hospitals, as one healthcare facility, must work to improve the quality of health services [3].

The quantity of employees and medical facilities is simply one aspect of quality development; the recipients of health services must also receive professionals as their health workers. The community's right to get practical, efficient, transparent and responsible services is the beneficiary of this feeling. It turns out that HIC and Social Insurance Administration Organization Health do have variances despite both being state-funded health facility programs. The recipient of the target stands out as the primary difference. If Social Insurance Administration Organization is a program whose participants must sign up and pay dues, then HIC participants are selected from the underprivileged, and the government issues the Card while also covering the cost of the payments.

This study aimed to explain and evaluate how the Healthy Indonesia Card program was implemented in Nassau Village, Malacca Regency, by Presidential Policy No. 07 of 2014. Theoretically, the research serves as a discourse to advance knowledge, particularly in the services provided to Healthy Indonesia Cardholders. It can be used as a scientific reference in the administration related explicitly to the Healthy Indonesia Cardholder Service. Benefits in terms of practice: It is hoped that this research will be beneficial and valuable for the Malacca Regency government, in this case, Nassau Village, in order to enhance services for the rollout of the Healthy Indonesia Card Program (HIC), as well as provide

input data and future high-quality service concepts and products.

II. LITERATUR REVIEW

A government policy known as public policy impacts everyone in a nation, State, or policy generally. Governmental activity that promotes the general welfare is known as public policy. Public policy is created in organized stages, considering the critical factors for each problem that needs to be solved. According to [4], public policy is the "smart application of available resources to resolve societal or governmental problems." According to [5], public policy is a sanctioned course of action that results in a specified objective targeted at a specific problem or set of related problems that primarily affect the community.

Public policy heavily influences the level of service a government order provides. It has rules that must be followed, but it also has moral implications that affect the public service's existence and effectiveness as a normative public policy rule. Public policy, in the words of [1], is a set of actions or activities that are suggested by a group or a government in a specific environment where there are challenges (difficulties) and opportunities (opportunities), where the policy is proposed to help overcome them and reduce ineffectiveness to achieve the intended goal.

Public policy's inefficiency is brought on by several factors, not just poor lower-level service. It turns out that many elements still influence how poorly the bureaucratic work system functions. For instance, the viewpoint of our government's bureaucratic organization is overly focused on official tasks and obligations. The organization places relatively little emphasis on results or service quality, which causes tasks to become less exciting and demanding.

A policy's Implementation and achievement are ensured through the implementation process. The Implementation aims to give people a way to create things and deliver valuable outcomes for others. As per [4] "Implementation is the process of carrying out several tasks to deliver public policies so that they can produce the anticipated consequences. They involve several tasks, such as developing the First Advanced Set of Rules and representing the policy's interpretation. Establish infrastructure, financial resources, and, of course, who will be in charge of carrying out this policy, among other resources, to support the Implementation of activities. Third,

Implementation is, in the meantime, as stated by Daniel A. Mazmanian and Paul A. Sabatier in [6] "When anything is implemented, it refers to the events and actions that take place after the program is proclaimed valid or the implementation policy's main objectives are established. State policies that develop after the rules are approved include attempts to govern them and actual repercussions or ramifications on persons or events.

III. METHODOLOGY

Research Method

A qualitative research methodology was applied in this study[2]. The goal of qualitative research is to solve a problem from both a theoretical and an empirical standpoint while gathering information from natural and normative conditions in the continuity of an item.

Study Websites

This study was carried out at the Malacca district's Nassau Village. Although many impoverished residents in the village still have not obtained HIC, this area is considered because it is one of the villages listed as a recipient of the Healthy Indonesia Card Program. On the other hand, the researchers picked Nassau Village as their study location because it was a fascinating place to investigate and because, generally speaking, the current government agencies do not adequately serve the needs of the community and have been unable to carry out their intended functions. Employees are less than ideal in carrying out their duties and functions; for example, they do not convey in-depth and detailed information about the HIC Program. As in the pre-research observations, several things become obstacles in targeting HIC recipients and public ignorance of the existence of HIC.

The expertise of the informant chosen must be considered, not just how well they can portray it. The village government and the poor residents of the community were purposefully chosen as informants to gather data from the research object by the observed phenomena. The decision is made based on the assumption that the informants are familiar with the subject of the study—other informants chosen by the purposive sample method provided further information. If more information cannot be found, or sources and time are limited, the informant hunt will stop. In this study, the Malacca District Social Service served as the informant.

IV. RESULTS

The implementation phase of data collecting on program participants is when representatives from the Office of Social Affairs and District Social Welfare Workers begin distributing the Healthy Indonesia Card (HIC) District Social Welfare Workers. Verification and validation of data based on the outcomes of the Unified Database Update are used to obtain participant data. Officers from the District Social Welfare and District Social Welfare Workers focus on data gathering to ensure that HIC program clients are well-targeted. Recipients of the HIC program are chosen by standards set by the Ministry of Social Affairs. One who qualifies for the Healthy Indonesia Card program for Health Insurance Contribution Assistance Beneficiaries, i.e., the underprivileged and those with little financial resources.

Implement the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) recipients list in Nassau Village. The Ministry of Social Affairs will determine if the data has been confirmed and validated as belonging to a Health Insurance Contribution Assistance Recipients HIC participant after it has been sent there. Additionally, it is listed as a participant in the Health Insurance Contribution Assistance program by the Ministry of Health with the Health Social Insurance Administration Organization. A determination of the recipients of the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) given by the Ministry of Social Affairs was made based on data examined and certified by the Social Service and District Social Welfare Workers officers, according to the findings of field observations. According to social service and District Social Welfare Workers, the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) has been given out to many people.

The researcher also spoke with informants about implementing the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) beneficiaries' determination in Nassau Village to confirm the findings of the observations. "The Malacca District Social Service uses information from the 2020 Integrated Database, which is based on the Malacca Central Statistics Agency, to identify who is eligible for Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) program support. In order to get support for the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) program, the local

village wrote a letter to the Malacca District Social Service and submitted community statistics. (Interview with the Social Welfare Section, February 14 2022). "We from this village are now assisting the District Social Welfare Workers whose communities have not been registered to apply as program recipients. Accordingly, the community whose data has been registered with the Malacca District Social Service have received the Health Insurance Contribution Assistance Recipients HIC program assistance. Health Insurance Contribution Assistance Recipients HIC When they report to the neighbourhood association, the village provides a certificate that should be submitted to the Malacca District Social Service.

According to the findings of the observations and interviews, the Malaka District Social Service used sources from the Integrated Database for the data from the UDB, which was supplemented with people who volunteered to receive program assistance, to determine who was eligible to receive the Health Insurance Contribution Assistance Recipients HIC program assistance. The community does not apply alone; instead, it goes through multiple steps, starting with the local neighbourhood association, followed by the neighbourhood association going straight to the village, which subsequently gives the community a certificate.

One of the factors influencing the distribution of the Healthy Indonesia Card (HIC) program for Health Insurance Contribution Assistance Recipients in Nassau Village is the Implementation of the determination of the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) recipients. In his theory of Implementation as a political and administrative process, Grindle incorporated interests that impact the content of the policy dimensions he proposed. He asserts that influencing interests argue that various interests are involved in a policy and the degree to which these interests impact how the policy is implemented.

The researcher attempted to interview members of the social welfare division to determine how the Health Insurance Contribution Assistance Recipients Healthy Indonesia Card (HIC) submission was implemented. He said: "True, the HIC deck is at the Malacca Social Service Office for the delivery of the Healthy Indonesia Card (HIC Health Insurance Contribution Assistance Recipients) implementation. Simply put, printing the Card is Social Insurance Administration Organization responsibility as the executor and not ours. Therefore, we solely provide data gathering, verification, and validation

support." When Social Insurance Administration Organization gives us the Card, we are prepared to distribute it to the community through our officers in the subdistrict, or we can give it directly to the village, where the village party will distribute it through the local Nassau Village neighbourhood association. This is because we assist in distributing the cards to poor people. (Conversation from February 14, 2022).



Figure 1. Healthy Indonesia Card submission at the Malacca District Social Service

In this chapter, the author concludes and makes some recommendations based on the findings of the research he or she conducted, as described in earlier chapters, "The Healthy Indonesia Card (HIC) Program's Implementation in Nassau Village, Malacca Regency: At this point, according to Merilee S. Grindle, the policy's content aims to demonstrate or explain why it is more straightforward to implement policies that will positively impact a large number of actors than less valuable policies.

Government policies must produce beneficial outcomes, have a positive impact, and have the potential to change for the better due to their implementation, regardless of whether they are programs, regulations, or laws that serve as the legal foundation. Every policy is undoubtedly an attempt by the government to improve conditions and address issues that are both valuable and already present. People who cannot afford medical care for free can obtain health insurance through the Healthy Indonesia Card (HIC), a card. This HIC feature is accessible in all first- and advanced-level healthcare facilities. Participants in the HIC are financially unable, and the government determines who qualifies and who must pay contributions. Considering the interview, the Head of the Welfare Section presented

Social reports: The advantages of having the Healthy Indonesia Card (HIC) program, whose expenses are covered by the government. HIC can also be used to prevent sickness, such as through consultation and just use while someone is sick. Therefore, as the program's implementers, we are merely performing our duty and hoping that the government's assistance program for health services will be provided equally so that everyone can feel the same and that nobody will be demoralized. (Assessment on February 14, 2022)

According to an interview with the Head of the Social Welfare Section, the Malacca District Social Service was solely the implementer of the healthy Indonesia card. The Social Welfare Section is merely performing its obligations and is hoping that the government's assistance program for health services can be given relatively so that there is no envy among them.

The researcher then made an effort to speak with those who benefited from the healthy Indonesia card, saying: "As a disadvantaged neighbourhood, it goes without saying that the establishment of this Healthy Indonesia Card program has a significant impact on us. We appreciate that we can access health services for free by using our HIC cards, as this prevents us from having to worry about paying for medical bills when we seek treatment or become ill. The researchers concluded that the HIC program's existence was very beneficial and had more significant benefits for people who could not afford to pay for treatment based on the interviews with several resource persons from underprivileged communities who received the program.

Researchers have also made observations of the advantages experienced by cardholders of the healthy Indonesia program, in addition to the findings of interviews with informants. Health centres in the neighbourhood offer free medical treatments, the cost covered by the government, to people who already have the Healthy Indonesia card. When using Indonesian cards that are either independent or healthy, there is no difference in the services. Naturally, this application is quiet.

The desired degree of change indicator, according to [5] indicates that there needs to be a precise scale for how much change you want or want to achieve through the implementation of a policy. A policy is intended to offer beneficial services consistently. A solid implementation will consistently and frequently produce good results over a short or long period. The Healthy Indonesia Card strategy aims to improve things by promoting better health among the populace, particularly the poor, so they can receive free medical care. In

order to achieve prosperity for all Indonesians through the realization of health insurance for all levels of society, health services are required to enhance awareness of healthy living for everyone.

Presented by the Head of the Welfare Section's interview findings. Social, acting as the program's implementer, specifically: "The existence of the Healthy Indonesia Card program is intended to bring about changes in health, starting with the lack of living expenses expected to benefit the impoverished. The Malacca District Social Service hopes that this healthy Indonesia program can assist lessen the burden of health for the impoverished since healthy people can be even more enthusiastic about finding money to meet their family's requirements." (Interview from February, 14 2022).

According to an interview with the Head of the social welfare division, it was hoped that recipients of the Healthy Indonesia Card for the impoverished could make the most use of the aid about the level of change desired. Therefore, developing a healthy life will empower the spirit to strive toward addressing the family's requirements and hoping to transform the family's position. A policy's program implementation is crucial because it serves as a catalyst or tool for achieving the success predetermined at the outset of the policy-making process. These people who implement policies can be considered suppliers and service providers for the neighbourhood.

According to the researcher's observations, the teams and individuals authorized to implement the Healthy Indonesia card program are the program implementers. A District Social Welfare Personnel was established with the assistance of District Social Service officers to streamline Implementation and accountability. Their responsibilities ranged from collecting data to distributing participants in the Healthy Indonesia Card program.

Researchers conducted interviews with research informants connected to the implementers of the healthy Indonesia card program to verify these observations' findings. The Head of the Social Welfare Section was interviewed, and the following is what was learned: "To assist with supervision, data collecting, and distribution of healthy Indonesia cards per sub-district to villages in Malacca Regency, the Malacca District Social Service appointed the District Social Welfare Personnel People who live far away from the Malacca District Social Service office may be able to get information by going directly there using the existing buses for sub-district/village social welfare employees. (Assessment on February 14, 2022)

According to the interview's findings, officers from the District Social Service and District Social Welfare Workers implemented the healthy Indonesia card program in Nassau Village after being chosen by the Ministry of Social Affairs and distributed by and District Social Welfare Workers via the village and the regional Head of the neighbourhood association. However, the data gathering only consults the neighbourhoodurban village/village and continues to rely on outdated data.

The Head of Hamlet, about the execution of the Healthy Indonesia card program, Dusun 1-3 Nassau Village, whom the researcher subsequently interviewed, stated: "The Government's approach to helping with the Healthy Indonesia Card is decent. Implementing the program directly benefits the poor, especially those with a history of the disease, is very beneficial. The village office works with the local RT to collect the program's data collection and proposal. (16 Interview)(Feb. 2022).

RHe said the rollout of the healthy Indonesia card program is "In line with the head of the neighbourhoodassociationin Hamlet 1-3. "The village tasked me, as the Head of the neighbourhood associationdeck, with gathering information on the impoverished, after which I presented the information to the village for recording. This initiative is well-implemented and has a positive effect on the underprivileged. Hopefully, the people who truly deserve it will receive government support. (Assessment on February 16, 2022).

According to the findings of interviews conducted by researchers with the Head of the hamlet and the local neighbourhood association, the government's program implementers did a great job of assisting the underprivileged regarding their health. In order to be registered as participants in the Healthy Indonesia card, the data will be forwarded to the Malacca District Social Service by the Village party and the local neighbourhood associationhead once it has been collected for the needy in the region.

Researchers' field observations revealed the sub-district social welfare workers' lack of discipline, which is rarely observed in their offices. This is one of the issues that prevent the poor from becoming socialized since they may only learn about the healthy Indonesia card in their local areas from the Head of neighbourhood associationreport utilizing information from the local urban village head.

According to the findings of the general public's interviews in Nassau Village, Sasitamean District, it was stated: "I believe that the

socialization issue surrounding the policy of the healthy Indonesia card is deficient. Since there are still no poor people who have not received the assistance, anyone can verify this. The issue of data distribution and gathering arises from the fact that there are not any social welfare workers who go out into the community directly, instead informing people about the help of neighbourhood association and Urban village head. (Assessment on February 18, 2022)

As a result of socialization over the policy of a healthy Indonesia card meant for underprivileged groups, the general public in Nassau Village was interviewed by researchers. There are no field officers who go out in the field to gather information so they can better understand who in the community needs help.

The researcher also spoke with the neighbourhood association chief in Nassau Village, who stated: "It seems a little inadequate in terms of the socialization of the Healthy Indonesia Card strategy for the underprivileged. As the neighbourhood association's leader, I was merely given a responsibility from the village to list the members of my community who had not gotten aid in order for them to be considered as potential HIC participants. The potential recipients of HIC support are at least informed; otherwise, there is no notification or other information regarding this HIC. (Assessment on February 18, 2022)

According to the researcher's interview with the Head of the neighbourhood association in Nassau Village, the healthy Indonesia card policy's implementers still lack socialization. Moreover, the Head of the neighbourhood association claimed that his only assignment was to compile information on those who had not benefited from the program, after which the village would propose the information to the police or directly to the Malacca District Social Service.

V. CONCLUSION

One of President Joko Widodo's NawaCita's health initiatives is the Healthy Indonesia Card Program. As a means of carrying out the Healthy Indonesia Program, the Social Insurance Administration Organization manages the National Health Insurance participants' identity cards as the "Healthy Indonesia Card." HIC is a National Health Insurance program that aims to expand the coverage of Contribution Assistance Recipients, including those with social welfare issues, to the poor. A tiered referral system is used in the health service process for Healthy Indonesia Card holders by medical indications.

Based on the findings of the data analysis in the preceding chapter, it can be concluded that while a few obstacles have hampered the distribution process for the Implementation of the Healthy Indonesia Card Policy, overall, the Implementation of the policy in Nassau Village has been going well. Several implementation factors, including the information contained in the following policy from Merilee S. Grindle, can be used to determine how the Healthy Indonesia Card policy is being implemented in Nassau Village: Several distribution implementations of the Healthy Indonesia Card policy, including the execution of data collection, determination, and delivery of the Card, are included in the impact indicators of interests Indonesian health for the poor. The advantages of this healthy Indonesia card policy are felt by the less fortunate and are thought to affect health services positively. Due to the lack of medical insurance, people had no choice but to purchase their medications from stalls in the past, choosing instead to put up with their suffering. With the help of the Government's HIC program, however, it became more straightforward for those who were less fortunate and had signed up to receive the Healthy Indonesia card. In order to achieve the necessary level of change, it is hoped that those who get support from the Healthy Indonesia Card for the Poor will be able to make the most use of it. Therefore, developing a healthy life will empower the spirit to strive toward addressing the family's requirements and hoping to transform the family's position. The director of social welfare is not very concerned about the consequences of making choices that lead to inaccurate data because of outdated data. To assure the precise aim of the healthy Indonesia card policy, which will begin next year, the Social Service of the City of Palembang is still trying to amend outdated data by travelling directly to the field.

With help from the District Social Welfare Officer, the Palembang City Social Service Officer implements the healthy Indonesia card policy for beneficiaries of contribution assistance. The policy is presented to locals through the urban village, and regional neighbourhood association heads. However, they have not adhered to the protocol while performing their tasks. Nassau Village's human resources are adequate, and has a subdistrict social welfare unit. The officer's inconsistent presence at his office is the only issue. The sub-district social welfare section officer should always be present at the office to avoid confusion when there are complaints from the neighbourhood or inquiries from the public. The people responsible

for carrying out the healthy Indonesia card policy are still doing little socializing. The researcher's interviews with the local neighbourhood association chief and community members reveal how the healthy Indonesia card policy's implementers socialized the population. Moreover, a dearth of professionals goes into the field to gather information about the poor. How this policy has been implemented has been dramatically influenced by the institutions and authorities of Nassau Village. In addition to being transparent and fostering good contact with the community by providing channels for lodging grievances, the institutions and authorities in Nassau Village consistently foster strong emotional bonds with the sub-district staff.

Malka Regency Social Service employees have good levels of compliance when providing services to HIC participants. This is evident from the way they treat HIC participants when providing services. Employees are highly committed to performing their duties with utmost dedication. The services are also delivered with great discipline and by the established service flow. Malacca District Social Service employees never distinguish between one community when offering services. The Implementation can make the following proposals for the Healthy Indonesia Card Policy based on the conclusions above, the findings of the research, and the discussion: Implementing parties, particularly the Malacca District Social Service, is expected to collect data without using outdated information from the Integrated Data Agency to register underprivileged communities to receive assistance from the Healthy Indonesia Card program distribution. If feasible, take information from the program and send it directly to the people who need it most. It is planned that social welfare workers in the sub-district and village will always be present in their offices so that anyone wishing to register a complaint or offer feedback can quickly obtain information.

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