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สารบัญ

	หน้า
คำนำ	A
สารบัญ	B
สารบัญจากนายกสมาคมรัฐประศาสนศาสตร์แห่งประเทศไทย	1
โครงการประชุมวิชาการรัฐประศาสนศาสตร์ระดับชาติ ครั้งที่ 2	2
กำหนดการ	5
Administration and Security	13
▪ “Rural Community Empowerment Process in Achieving Food Security and Poverty Alleviation: A Case Study of Food Independent Village Program in Ringinkembar Village, Sumbermanjing Wetan Sub-District, Malang Regency” By Theresia Octastefani, Burapha University and Brawijaya University, Malang – Indonesia	
▪ “Implementation of Garbage Bank Program to Realize Environmental and Economic Security: A Case Study of Malang Garbage Bank in Malang City” By Noviyanti Purba, Burapha University and Brawijaya University, Malang – Indonesia	
▪ “Implementation of the Poor Empowerment Program-Social Empowerment Direct Aid (P2FM-BLPS) through Collective Enterprise Group (KUBE) to Realize Economic Security: A Case Study of Dawuhan Village, Poncokusumo Sub-District, Malang Regency” By Ilm iUsrotin Choiriyah, Burapha University and Brawijaya University, Malang – Indonesia	
▪ “Decision Making of the Banyuwangi Public Health Service Assurance Program (JKMB Program) to Achieve Health Security in Banyuwangi Regency” By Bayu Mitra Adhyatma Kusuma, Burapha University and Brawijaya University, Malang – Indonesia	
Emotional Labor, Planning and Academic Cooperation	
81	
▪ “Analyzing an integrated planning approach: a case study Malang city’s vision as the city of education” By Akhmad Amirudin, Burapha University and Brawijaya University, Malang – Indonesia	
▪ “Achieving World Class University Through International Academic Cooperation: A Case Study of University of Brawijaya, Indonesia” By Kafi Kurniawan, Burapha University and Brawijaya University, Malang –	

DECISION MAKING OF THE BANYUWANGI PUBLIC HEALTH SERVICE ASSURANCE PROGRAM (*JKMB* PROGRAM) TO ACHIEVE HEALTH SECURITY IN BANYUWANGI REGENCY

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Abstract

Quality of citizen's health is very important for the development of a country. In order to improve the quality of citizen's health, there needs to be public policy action by the government, especially with the right decision making. Community needs affordable and quality health service in Banyuwangi Regency, East Java Province, Indonesia which is the underlying issue of this research. Banyuwangi Public Health Services Assurance Program (*JKMB* Program) is the answer to these problems, where the program offers free primary health service without charge for the community. The objectives of this research are to find out, describe and analyze how is the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency. In this research, qualitative research methods and descriptive approach are used, where data is collected through interviews, observation and from related text or document. The main finding is that in the decision making of the *JKMB* Program, the decision maker claims that they have done in-depth consideration and analysis using the rational approach model. But the facts on the research suggests that decision makers tend to use an incremental approach model, where they make decisions quickly because it is affected by various limitations. This is due to health issues being politicized in terms for political campaigning purposes by one of the candidates who was competing in the local general elections of Banyuwangi Regency. Consequently after the candidate has been elected, the candidates should run the free health service program immediately, no matter what way. This then makes the decision making of the *JKMB* Program is not going through a mature process. Decision making of the *JKMB* Program should be transparent and conducted with careful analysis, so that deviations can be avoided and health security can be achieved

Keyword: Decision Making, *JKMB* Program, Health Security

Introduction

In the development of a country, one of the indicators is the increased quality of citizen's health. Quality of citizen's health is very important because beside health is a basic human need, health is also one of the requirements for good and qualified human resource. Health is also very influential on the productivity of citizens, where citizen's productivity is necessary for the development. Human development as an investment in human capital should be done in line with the investment capital physical. Human resource development is the construction of which include health, nutrition, decreased fertility, education and training, and the development of entrepreneurial spirit that

ultimately implicated in increasing human productivity (Tjokrowinoto, 1999). Health has an important significance in the development, education and health is fundamental development objective; apart from other things, two things are important. Health is at the core of the welfare and education is a key point to achieve satisfying and rewarding life (Todaro & Smith, 2003).

In order to improve the quality of citizen's health, there needs to be public policy action by the government, especially with the right decision making. Decision making is one of the most central processes in organizations and a basic task of management at all levels. Decision making is a process of identifying a problem, evaluating alternatives, and selecting one alternative (Cole, 2004). During the whole process, people are making the best choice from among several option based on the current situation. To determine whether the decision making by the government was the right decision or not, and is able to accommodate the aspirations, needs, and interests of the community. The things that need attention is how the decision making process is done, how the pattern works, then the analysis and interpretation of the decision making.

Along with the enactment of Law No. 22 of 1999 and later refined by Act No. 32 of 2004 came into force local autonomy in Indonesia. Local autonomy in Indonesia includes two main points. Namely these are the granting of authority from central to local government and giving responsibility to the local or region. The authorization is spurring the local government to bring breakthrough. For health sector, in 2005 the Local Government of Banyuwangi Regency came up with a decision that is manifested in a program, namely the Banyuwangi Public Health Service Assurance Program or also can be called with *JKMB* Program. The purpose of this program is providing primary health service for all community levels in Banyuwangi Regency regardless of social status or economic status. However, what we should observe here is not only limited to the goal of the program, but also the process of decision making of the *JKMB* program. What is the underlying reason for the emergence of such programs and how is its process of emergence. Health issues are dynamic problems and will always revolve from time to time. This not only in developing countries but also developed countries such as the United States of America, health issues are hot topics within the presidential debate between Barrack Obama and Mitt Romney in 2012. Similarly in Indonesia health problems has always been an interesting topic for discussion on the political agenda, such as general elections.

Health programs raised ahead of elections have always seemed populist to win public sympathy. Free health assurance program is the main attraction for the middle and lower class society. As happened in 2005, in Banyuwangi Regency. One of the candidates of the local general election was Ratna Ani Lestari, using free health service issue as a priority program in political campaigns. Of course this has become a powerful magnet to attract the sympathy of the people of Banyuwangi Regency. Given the data based on the Local Government of Banyuwangi Regency (2012), regional minimum wage in Banyuwangi during 2005 was IDR 517.500 or approximately equivalent to USD 51.75. This was exacerbated by above 14% inflation (hyper inflation) making prices soared. During moments people simply have limited income, with the rising prices purchasing power becomes very low, including the ability of people to access health services. Life expectancy of Banyuwangi people in 2005 is also still low, approximately 66.44 years. Difficulty gaining access to public health service resulting high morbidity number in

Banyuwangi Regency dominated by diseases such as tuberculosis, leprosy, pneumonia, diarrhea, dengue fever, malaria and measles (www.banyuwangikab.go.id).

This condition thus makes health issues an instant effective way for Ratna Ani Lestari to get local community support in the local general election. The offering of a free health service program was of course very tempting for people to ease the burden of their lives. And finally proved Ratna won the local general election by raising these local issues. Ratna's victory in the general local election certainly has implications for the necessity to implement the free health care program as soon as possible at any cost. This is because the people continue to collect Ratna's campaign promises, resulting to the immediate decision to launch a program which is the the Banyuwangi Public Health Service Assurance Program (*JKMB* Program). Where the basic concepts in the *JKMB* Program is preferably carried out free public health service at 45 Public Health Center (*Puskesmas*) are scattered throughout the Banyuwangi Regency area, which can easily be accessed by the public, so people do not have go all the way to the hospital.

Basically, the benefits of the *JKMB* Program is very important for the community in Banyuwangi Regency because based on a brief observation about the condition of health sector in Banyuwangi Regency, there was a number of problems found, among others the low income communities who cannot afford to get health service, lack of community awareness of the importance of health and the inadequate health infrastructure. So later through making the right decision these expected problems can be overcome. Based on the explanation above, it can be seen that the problems of the public health sector in Banyuwangi Regency requires serious attention. It is important to note as it will have implications for health security whether it is achieved or not in Banyuwangi Regency. Decision making to achieve health security in Banyuwangi Regency through the *JKMB* Program is interesting to study due to the presence of politicization within the decision making process, whereas health is a basic human need and implicated in increasing human productivity.

Literature Review

Decision Making

Few concepts are debated in administration more frequently than decision making - how decisions are made; whom they are made by; why they are decided on in the first place; and what impact they have once the choice is made. Making a decision or decision making means choosing the best alternative from a variety of alternatives, whereas the alternative is not always all it contains positive consequences (Stillman II, 2000). Decision making is not synonymous with policy making. In public policy sciences, decision making is described as a stage where a government decision maker or an official decision making body selects a course of action or non-action among a small set of policy options identified at the policy formulation stage with a view towards policy implementation (UNEP, 2009). Decision making essentially involves the generation of a set of alternatives and the choice of the most appropriate alternative for execution by answering the following important questions: what decisions must be made, who will make them, how and what resources will be allocated, and how will the situation will be

measured and revisited in the dynamic environment in which the system will be operating (Bhushan & Rai, 2004).

In determining whether a good alternative than other alternatives should be the benchmark. This can be a benchmark in political decision making such as ideology and the constitution, laws, available budget, and human resources. At the time of taking a decision, the decision maker will never be separated from the way of thinking, how to analyze a problem, and how to apply the things that have been studied previously. So, based on the various definitions of the above can be concluded that decision making is a process in establishing a best decision, logical, rational, and ideally based on data, facts, and information from a number of alternatives to achieve the goals set by the smallest risk, effective, and efficient to be implemented in the future.

Models of Decision Making

The first model is rational approach. Rational approach basically put forward the idea that the government is the decision maker must choose decision that provide the best benefit for the community. Decision making of rational approach model in generally has been attributed to Harold D. Lasswel. In his book *The Future of Political Science*. Lasswell posited seven significant phase of decision making, namely the intelligence phase, the promoting or recommending phase, the prescribing phase, the invoking phase, the application phase, the appraisal phase, and the terminating phase (Shafritz & Russell, 2005).

The second model is incremental approach. This approach assumes that decision making is a variation or continuation of past policy. According to the observations of Dye (Wahab, 2008), there are a number of reasons why it can be argued that the decision maker tends to choose incremental approach model. First, because the decision maker generally faces internal obstacles that are not easy, that does not have the time, skills, or sufficient funds to carefully examine all alternatives. Second, the decision maker generally accepts the validity of previous decisions. Third, in programs that already exist there can be massive investment that prevents radical changes. And fourth, this approach is considered to have a high level of political feasibility.

The third model is mixed scanning. Limitation of the rational and incremental approach models to bringing public policy experts looking for new alternatives. There is even a split the difference compromise model that combines the two. Mixed scanning is the decision making model put forth by Amitai Etzioni (Shafritz & Russell, 2005). Etzioni developed combined scanning mixed models to bridge the various shortcomings, both rational and incremental approach models, by combining elements of both. Such combined models provide more space for innovation rather than incremental approach model, without unduly burdened by the demands of the rational approach model is not realistic. Etzioni says further that decisions like these are more common in the reality of decision making.

Health Security and *JKMB* Program

With the demise of the cold war, new concept of security that addressed not only the military realities of the contemporary world but also the political, economic, and social realities was developed (Snyder, 2008). As one element of security that is needed by humans is health security. As we know that human beings cannot possibly live without health. Human security concept consists from economic security, food security, health security, environmental security, personal security, community security, and political security (UNDP, 1994). As one element of security that is needed by humans is health security. It is because in era of globalization threats to health represent a more prominent insecurity than ever. Indicators of health security dividing in three indicators, namely impact, outcome and output indicators (National Development Planning Agency, 2012). Health security entails the protection against illness, disability, and avoidable death. Health security is more than just a physical being or not just the absence of disease, but as a completely physical, mental, and social will being (Commission on Human Security, 2003).

In order to achieve health security in Banyuwangi Regency the local government made a decision, namely the Banyuwangi Public Health Service Assurance Program (*JKMB* Program). Based on Decree of the Banyuwangi Regent No.13 Year 2011, the Banyuwangi Public Health Services Assurance Program (*JKMB* Program) is a program launched by the Government of Banyuwangi Regency to fulfill the primary rights of Banyuwangi citizens and the protection in the field of health care in order to improve health status by shifting the burden of proper retribution health service costs. So that primary outpatient in the public health center level and its network for society are borne by the Banyuwangi Regency Government.

Methodology

This research is based on a qualitative type and descriptive approach. Qualitative method is the chosen type for this research, as a set of non-statistical inquiry techniques and processes used to gather data about social phenomena (McNabb et al, 2002). Qualitative method emphasize in the theories and literature. Qualitative research concentrates on the study of social life in natural setting. Its richness and complexity mean that there are different ways of analyzing social life, and therefore multiple perspective and practices in the analysis of qualitative data (Punch, 2004).

The objectives of this research are conducted to find out, describe, and analyze the decision making of *JKMB* Program to achieve health security in Banyuwangi Regency. The research site was Department of Health, Local Parliament, and Non-Governmental Organization that focus on the health sector in Banyuwangi Regency.

The researcher conducted direct interviews with the informants and explore the data. With the communicative and dialogical interview to obtained the data with high accuracy. The number of informants of this research is 15 people, from the Department of Health of Banyuwangi Regency, Local Parliament of Banyuwangi Regency and from NGO Senyum Madina- an NGO engaged in health sector.

Informant from the Department of Health was selected because they are the apparatus with the background as health professionals directly involved in the decision making process of the *JKMB* Program. While the informant of the Local Parliament are chosen because they are the ones directly involved in political campaigns, and they are the agency with the authority to approve or reject a program of local government, including programs for health. As for the informant from NGO Senyum Madina were chosen since this NGO functions as a control for the local government in making policies or decision in the health sector.

Observation used to recheck the information was collected from the interviews. Documentation was the data collection technique to collect material from various documents in the form of books and documents that were related to problems in this research, and could later be used for more in-depth analysis, such as the *JKMB* Program Annual Report, Preliminary Draft Documents of the Local Medium-term Development Planning (*RPJMD*) of Banyuwangi Regency, Health Profile Book of Banyuwangi Regency and Decree of Banyuwangi Regent No.13 Year 2011 about Guidelines for the Banyuwangi Public Health Services Assurance Program (*JKMB* Program).

Result and Discussion

Result

In Indonesia, health sector is one of the obligatory functions that must be implemented by the government of regency or city. In order to carry out the obligatory functions of local government in the health sector, the local governments of Banyuwangi Regency are required to make a decision that is able to meet the health needs of the local community. Since health is a very urgent matter, it is necessary the right decisions making from the decision maker.

Generally, when referring to the results of interviews of the informant, the decision making of the *JKMB* Program is carried out with the rational approach model. The informant stated that the *JKMB* Program has been carried out with the in-depth analysis. The explanation and analysis of the decision making of the *JKMB* program to achieve health security in Banyuwangi Regency according to the results of interviews with the informant and supported by sources other document are as follows.

The decision making process starts from identifying existing problems and also identifying what things that are needed by the people who will provide input in the decision making process. At this stage, the government of Banyuwangi Regency seeks for the main problems of the social conditions within Banyuwangi Regency society. Banyuwangi regional development aims on improving the welfare of the people, which is indicated by the improvement in various indicators of human development. Based on the Preliminary Draft Documents of the Local Medium-term Development Planning (*RPJMD*) of Banyuwangi Regency period 2005 to 2010 and also earlier, it is known that the main problems experienced by people are the field of: (1) education and health, (2) poverty and unemployment, (3) revitalization of agriculture, tourism, and small medium enterprises (SMEs), (4) environment, (5) social protection, (6) infrastructure, and (7)

good governance. Therefore the Government of Banyuwangi Regency focuses its attention to the seven sectors. The reason is because the seven sectors are urgent sectors that directly relates to the public interest. As stated by the Head of Department of Health of Banyuwangi Regency Dr. Widji Lestari, based on the *RPJMD* of Banyuwangi Regency period 2005 to 2010, the main problem is that a challenge to all civil servants in Banyuwangi Regency is to improve the quality of health, education, and others. Therefore, the Department of Health will devote all ability to realize the health quality improvement (Interview, April 27, 2013).

The second phase is where the decision maker collects a variety of data and information on the issues identified in the previous phase. Data or information obtained from the stakeholders involved in the decision making process. There is the Department of Health in Banyuwangi Regency, Local parliament of Banyuwangi Regency, and the community who are represented by the Non-Governmental Organization (NGO) that focus on the health sector in Banyuwangi Regency. In this case is the NGO Senyum Madina, where NGO Senyum Madina is the only one NGO who is engaged in the field of health in Banyuwangi Regency. According *RPJMD* of Banyuwangi Regency period 2005 to 2010, health and education are first rank issues contributing to the quality of human resources. If the quality of education and health is good, the quality of human resources will also be good. Quality of human resources in Banyuwangi Regency is still a serious problem. In order to improve the quality of human resources issues related to education and health must be addressed. Health is one of the important issues. This situation is exacerbated by the low expectations of food patterns, the pattern of food intake, and nutritional adequacy, including access to clean water. In addition to infant and maternal mortality are still quite high. In such circumstances is a challenge in improving the quality of health service in Banyuwangi Regency. Therefore, in this case the decision maker must obtain valid information about whether it is most needed and expected in the field of public health. As stated by Vice Chairman of Commission I, Local Parliament of Banyuwangi Regency Mr. Eko Susilo Nurhidayat, that to get people's aspirations directly, every members of parliament fell straight down to meet constituents. From there we get the information that one of the things that are needed by the public is free public health service. We further express the people's aspirations to Banyuwangi Regent (Interview, April 24, 2013). The statement was then supported by other statements expressed by the Head of the Legislation Division, Local Parliament of Banyuwangi Regency Mr. Ahmad Saeho that every member of Local Parliament must have a constituency that elected them. For that every member of Local Parliament will drop straight down to meet the aspirations of its constituents to obtain or determine the needs of the people they represent. From there known that free health service is needed by most people of Banyuwangi Regency (Interview, April 24, 2013).

The third phase is where the decision maker analyzes the situation based on data obtained from the previous stage. Thus, with more accurate data obtained in the previous stage, analysis of the situation made by the decision maker will be more accurate as well. This drives the decision maker to use some alternative to capture the aspirations of the community, either through the Department of Health of Banyuwangi Regency, Local Parliament of Banyuwangi Regency, or through NGO Senyum Madina that has been engaged in health sector. After the decision maker collects a variety of data and information on Promoting and Recommending Phase, the next step is to analyze the

existing situation in the field based on the data and the information collected. Based on the analysis of data and information that has been collected in the previous phase is discovered fact shows that the majority of population in the Banyuwangi Regency wanted free health service. Based on the interview result with the several member of Local Parliament of Banyuwangi Regency, screening of community aspirations results conducted by the constituents of Banyuwangi Regency, about 65% wanted a free health service. While the remaining 20% would increase the health infrastructure, 10% want add of health workers, and 5% did not know. As proposed by Vice Chairman of Commission I, Local Parliament of Banyuwangi Regency Mr. Eko Susilo Nurhidayat that the Local Parliament of Banyuwangi Regency get the data about 65% of wants a free health service, 20% would increase the health infrastructure, 10% want add of health workers, and 5% did not know (Interview, April 24, 2013). This statement is reinforced by the Secretary of local Parliament of Banyuwangi Regency Mr. Soedirman. He describes that based on the results of the activities of aspiration search from the constituents that were carried out by members of Local Parliament, about 65% of the public wants a free health service. The remaining seeks for quality improvement in infrastructure, increasing the number of health workers, and others do not know. This proves that free health service is desperately needed by the people in the Banyuwangi Regency (Interview, April 12, 2013). Banyuwangi Regency people's economic condition is still not stable yet also one of the considerations about the need for free health service in Banyuwangi Regency. Another reason is, beside it is the obligation of local governments to provide the best healthcare to the community, but will also occur if the acceleration is more attention to health indicators of health service for all community levels, whether poor or capable.

The fourth phase is making some alternative or developing option that allows overcoming the problems identified in the previous phases. As mentioned in the prescribing phase, that the thing most needed and expected by the community in the health sector is the presence of free health service. And then the decision maker makes possible alternatives in order to meet the community need about the free health service for all community levels. The alternatives were raised by the decision maker to make free health services for the community are among others: (1) fully followed the Public Health Insurance program (*Jamkesmas*) which has been declared by the national government through the Ministry of Health Republic of Indonesia, (2) creating a new program that provides primary and secondary health service entirely for the poor community, and (3) creating a new program that provides primary health service for all community levels. The third alternative is prepared by the decision maker or local government of Banyuwangi Regency to meet the community needs about free health service. As revealed by the Head of Department of Health of Banyuwangi Regency Dr. Widji Lestariyono that there are several ways that makes it possible to provide free health services to the people of Banyuwangi, among other things: maximizing *Jamkesmas* Program fund financed from the national budget, or set aside from the local budget to provide primary and secondary health service to poor people or could also provide primary health service for the entire community in Banyuwangi Regency (Interview, April 27, 2013). The explanations are supported by other explanation by the Head of Program Preparation Sub-section in the Department of Health of Banyuwangi Regency Mrs. Novita Fitri Astuti that to get around the provision of free health service, the government of Banyuwangi Regency and Department of Health has been setting up some

possibilities. For example, by maximizing *Jamkesmas* Program launched by the central government. Another possibility is to provide primary and secondary health service for poor people or for the whole society but only primary health service (Interview, April 4, 2013).

The fifth phase is making evaluating criteria for the alternatives that have been formulated in the previous phase. This is to see how the level of appropriateness when applied. At this stage, the decision maker must establish criteria to evaluate each alternative carefully. This is important because the evaluation criteria set by the decision maker will be very influential on the alternative chosen in which to achieve health security in Banyuwangi Regency. The assessment criteria to each alternative are a review of several aspects, among others: (1) program coverage, (2) economy (effectiveness and efficiency), (3) administrative (legality and political acceptability), and (4) human resources. Preparation of the evaluation criteria as described by the Head of Department of Health of Banyuwangi Regency Dr. Widji Lestariyono that to determine which alternative is chosen for provide free health service for the community, decision maker set some specific criteria, such as: program coverage, economy, administrative, and capabilities of the available human resources. Based on those criteria, decision maker try to find the best alternative (Interview, April 27, 2013).

After that the decision maker will analyze three alternatives that already exist with the four assessment criteria. The analysis of each alternative with the four criteria is as follows. Starting from the first alternative, fully followed the Public Health Assurance Program (*Jamkesmas*) which has been declared by the national government through the Ministry of Health Republic of Indonesia. As for the review from the program coverage aspect, *Jamkesmas* program is limited to the poor community, so that it does not cover the community in whole. Not to mention there are still many poor people who have not been recorded in the *Jamkesmas* program. More than that, the procedure to obtain free health service from *Jamkesmas* program tends to kink because many documents must be prepared as a letter from the government of village, government of sub-district, and others document. From the economic aspect, the *Jamkesmas* program fairly easy for the Local Government of Banyuwangi Regency because has been provided by the national government from national revenue and expenditure budget (*APBN*) through the Ministry of Health, so it can be said to be more effective and efficient than other alternatives. From administrative aspect, *Jamkesmas* program is a program that has clear legal reference to the Minister of Health Decree No. 125/Menkes/SK/II/2008 on Guidelines for the Implementation of Public Health Insurance Program. So it can be said that *Jamkesmas* program is legal and has politically acceptable. Meanwhile, from the human resources aspect, health service professionals have been available in Banyuwangi Regency, so any programs that run will not be a problem.

The second alternative is creating a new program that provides primary and secondary health service entirely for the poor community. Review from the program coverage aspect, creating a new program that provides primary and secondary health service entirely for the poor community is limited to the poor community, so as not to touch the whole community. From the economic aspect, creating a new program that provides primary and secondary health service entirely for the poor community make the Local Government of Banyuwangi Regency should prepare a budget that comes from local

revenue and expenditure budget (*APBD*). Necessary the budget was certainly not small, more than IDR 6.5 Billion. So from the aspect of effectiveness and efficiency is lower when compared to the first alternative. From administrative aspect, creating a new program that provides primary and secondary health service entirely for the poor community will reap the problem, it is because the Local Parliament of Banyuwangi Regency only approved if the free health service program is intended for the all community levels. So it can be said this alternative do not has politically acceptable. Meanwhile, from the human resources aspect, like the first alternative, health service professionals have been available in Banyuwangi Regency, so any programs that run will not be a problem.

And the third or last alternative is creating a new program that provides primary health service for all community levels. From the program coverage aspect, creating a new program that provides primary health service for all community levels can touch the whole community. So that will realize free primary health service for all community levels. From the economic aspect, creating a new program that provides primary health service for all community levels also make the Local Government of Banyuwangi Regency should prepare a budget that comes from local revenue and expenditure budget (*APBD*). But certainly not the amount needed for the second alternative, because the primary health service does not require the big cost like secondary health service, just about IDR 6.5 Billion per year. So that from the aspect of effectiveness and efficiency can be said that this alternative is quite effective and efficient. From administrative aspect, creating a new program that provides primary health service for all community levels will be can accepted by the Local Parliament of Banyuwangi Regency. It is because the Local Parliament of Banyuwangi Regency wanted that free health service program is intended for the all community levels. So it can be said that this alternative has a good political acceptable. While from the human resources aspect, like the first and second alternative, health service professionals have been available in Banyuwangi Regency, so that any programs that run will not be a problem and running well. And it is basically it can be said that the current number of health workers in Banyuwangi Regency is enough although it would be better if added with qualified personnel. When compared in more detail, the three alternatives analyze using the four assessment criteria can be seen in the table below:

Table 1
Assessment of Alternatives

Alternatives	Assessment Criteria			
	Program Coverage	Economy	Administrative	Human Resources
Fully followed the Public Health Insurance Program (<i>Jamkesmas</i>)	-	√	√	√

New program that provides primary and secondary health service for the poor community	-	-	-	√
New program that provides primary health service for all community levels	√	√	√	√

Source: Analysis result of the researcher from interview result

Based on the analysis, the selected alternative is creating a new program that provides primary health service for all community levels. The program is then called with the Banyuwangi Public Health Service Assurance Program or in other words can be called with *JKMB* Program. This is as described by the Head of Department of Health of Banyuwangi Regency Dr. Widji Lestariono that from the several alternatives available, ultimately the choice fell to creating a new program that provides primary health service for all community levels. The choice is based on the rigorous analysis. Then the program is called with the Banyuwangi Public Health Service Assurance Program or *JKMB* Program (Interview, April 27, 2013).

The last phase is acting on the selected decision. In this case, whether the selected alternative can provide good public health services, improving the quality of public health or in other words to achieve health security in Bayuwangi Regency. Free health service in Banyuwangi Regency through the *JKMB* Program is one of the decisions issued by the Banyuwangi Regent in order to improve public health status in Banyuwangi Regency. This decision received positive feedback from the community of Banyuwangi Regency. This is evidenced by the growing number of outpatient treatment visits in public health centers (*Puskesmas*) and networks across the Banyuwangi Regency from time to time. To see whether the health security in Banyuwangi Regency can be achieved or not through *JKMB* Program we can see from some of the indicators, among others: visite rate, child immunization coverage, coverage of maternal visit, coverage of births assisted by health personnel, and nutrition coverage. People who come to the *Puskesmas* not only for get the treatment but also people who want to ensure their health without waiting for the pain. The community response is certainly very encouraging for the decision maker or service provider. It shows that *JKMB* Program has been able to improve health security in Banyuwangi Regency. As described by Dr. Widji Lestariono that acting on the decision of the *JKMB* Program can give the value of the accomplishments that have been achieved. Such as visit rate, coverage of nutrition, and others. This also encourages the public awareness, so that people do not have to wait for their illness to occur then check their health, yet many people come to the *Puskesmas*

taking advantage of the free medical check-up. It shows awareness of health is getting better (Interview, April 27, 2013). The same statement was conveyed by the Head of Health Service Section, Department of Health of Banyuwangi Regency Mr. Hadi Sutoyo that for free health service through *JKMB* Program, we can see the accomplishments that we've got. Increasing of visit rate, child immunization coverage, coverage of maternal visit, the coverage of births assisted by health personnel, and nutrition coverage is living proof. Recognized or not the *JKMB* Program give good impact on the efforts to achieve health security in Banyuwangi Regency (Interview, April 8, 2013).

Discussion

The results of the interviews with the informant imaging as if decision making of the *JKMB* Program has been carried out by a process of analysis and careful in-depth consideration. The imaging process was actually able to be done successfully with the detailed elaboration of the informant from the beginning of the emergence of the health issue until the advent *JKMB* Program as a result of the decision making process. These are the phenomenon that occurs if seen only through the surface of the problem. But if we look at the origins of the free health program which was later renamed the Banyuwangi Public Health Service Assurance Program or in other words can be called with the *JKMB* Program it was actually loaded with political content. Political content in here includes populist programs aimed to draw public attention to certain interests.

Why this politicization of health occurs is due to free health service which often becomes hot topic in the political campaigns of local general elections in various regions in Indonesia. This topic was proved to be a powerful for winning local general elections. Free public health service often politicized and played by the candidate of regent or major to gain public sympathy and interest. No exception in Banyuwangi Regency. In the 2005, Ratna Ani Lestari, regent candidate promoted by the non-parliamentary party has won the local general elections in Banyuwangi Regency, because she included free health service issues in her political campaign. Regardless of any other factors, this was proven by the community that mentions Ratna's victory as a result of the campaign issue that she took. By offering the free health service program, Ratna Ani Lestari was able to attract the attention of the public.

Political campaign using health issues as a major program to become the key to success Ratna Ani Lestari in winning the general local election. This happens because in 2005 the people of Banyuwangi were experiencing a difficult period, as mentioned earlier that in 2005, the minimum wage in Banyuwangi is IDR 517.500 or approximately equivalent to USD 51.75. The community's income which was relatively low compared to other regions in Indonesia is increasingly a burden for them due to hyper inflation to over 14%. The condition is clearly a burden on society due to inflation, which then causes prices to soar. Rising prices are causing people economically burdened. Let alone to access health services, to meet their daily needs the community should calculate more carefully and sparingly. Difficulty gaining access to public health resulting in high morbidity is high in Banyuwangi. Diseases such as tuberculosis, leprosy, pneumonia, diarrhea, dengue fever, malaria and measles became a serious problem in Banyuwangi. That is the reason why health service costs can be a financial burden for the community.

Since health service costs became a financial burden for the community, then the emergence of a free health program offered by Ratna is as if it was fresh air for them. If the community was able to access free health service, the economic burden of the people will certainly be reduced. Previously the community's budget was allocated to health service, then after the free program this budget can be used to meet other needs. In addition, people of Banyuwangi have been craving for affordable and quality health care. That is the reason why health issues successfully used as a tool in the towing community support Ratna's political campaigns.

After Ratna won the local general election, then Ratna should immediately implement the free health service program, since during political campaigns Ratna has promised to implement the free health program as soon as possible. This resulted in the decision making of the *JKMB* Program done in haste and without in-depth analysis. According one of the members of the Executive Team of *JKMB* Program, Dr. Juwana Njatasaputra state that political content in *JKMB* program was very thick. Basically there is no in-depth analysis of the program. Regent Ratna at that time just trying to fulfill her promises during the political campaign without thinking apparatus ability to implement the program. Health apparatus just called and ordered to carry out the program directly. Regardless ready or not to run the program, it seems no matter for Regent Ratna. That she knew, free health service program or *JKMB* Program should be run as soon as possible (Interview, April 4, 2013). Not only Dr. Juwana Njatasaputra stating about it. Other informant also stated the same thing. Among other the Chairman of NGO Senyum Madina, Mr. Aguk state that actually the *JKMB* Program preparation is much underdone. It is happen because the *JKMB* Program is run with haste. Regent Ratna already burdened with her promise during the political campaign, which will provide free health care. So regardless the health apparatus are ready or not, the program should be run (Interview, April 4, 2013).

More than that, another problem that arises is Decision Letter for free health service which she was released judged not procedural because it was made without the approval from the Local Parliament of Banyuwangi Regency. Even the health workers who will be in direct contact with the free health service program did not talk or discussion regarding the program. The official as of the Department of Health just called to meet by Ratna Ani Lestari and immediately ordered to provide free health service. This happens because the Regent Ratna has already tied up with a campaign that he was selling programs when local elections in Banyuwangi Regency, is one of them free health care. Of course this issue is considered a popular issue for most people in the middle of a shattered economy. If we look and analyze carefully, decision making process of the Banyuwangi Public Health Service Assurance Program (*JKMB* Program) to achieve health security in Banyuwangi Regency tend to use the decision making of Rational Approach model. This is because they claim that the decision-making based on deep analysis and thought before the program appears. However, if it is true? It becomes dubious when some of the informants actually said that decision making of the *JKMB* Program for Achieve health security in Banyuwangi Regency was not as mentioned as above and even apparently done in a hurry. Local government of Banyuwangi Regency at that time was led by Regent Ratna as if to force the program to be implemented without thorough analysis.

If we analyze carefully, models of decision making that is used in the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency is not using the rational approach model as described by several related officials, but tend to use incremental approach model. The reason is because the decision maker does not have enough time, intellectual, or costs sufficient to perform the analysis based on the rational approach model.

Incremental approach model can be considered as a pragmatic approach to decision making that is used when dealing with time, the availability of information, and funds are available, while the decision maker faced with uncertainty. Dealing with time in here is limited time. Limited time in the decision making of the *JKMB* Program is because the Regent Ratna Ani Lestari as the decision maker at the time it must take the free health service program because it was already promised in the political campaign of the local general election 2005. The limited time will give a great influence on the availability of information. The time constraints make the decision maker does not have sufficient time to obtain the accuracy of the information about what is most needed by the community and how strategies to run a free health service program for the community.

Regarding the funds are available, the decision maker cannot freely determine the amount of funds used for the free health service program or *JKMB* Program because to reach the budget available and the frequent conflicts of interest with the Local Parliament of Banyuwangi Regency. As we all know that in order to approve the budget, the district requires the approval of the local parliament. The result can be imagined if the regents are often in conflict with the interests of Local Parliament, it launched programs to be blocked. Decision making of incremental approach model becomes increasingly clear used by the decision maker because, as has been described at length and width above that the decision making of the *JKMB* Program filled with political content. This approach is considered to have a high level of political feasibility. Based on this analysis, the researcher concluded that the decision maker of the *JKMB* Program tend to be more using incremental approach models, rather than rational approach model.

In addition, decision making of rational approach model was still done despite it being a formality. Although it can be said that whatever the result of the analysis will not give any effect because the decision had been taken earlier. The stages in the decision making model of rational approach model is use after the resulting decision. It is intended that as in order to the decision taken by the local government of Banyuwangi Regency has been through the stages of in-depth analysis and careful thought. Although once again, whatever the result will not give effect because the decision has been designated. And the analysis can be set such that decisions regarding *JKMB* Program seen as a decision that is really the best. So that much easier for the local government of Banyuwangi Regency or the decision maker in the accountable for the programs that they produce. So here, the core of point is the decision maker tends to use the decision making of incremental approach model in generating decision making of the *JKMB* Program. But on one side the decision maker also use the decision making of rational approach model even though just for formality.

Model used in the decision making of *JKMB* Program is also not mixed scanning models, because mixed scanning models is a model which compromised or a combination between rational approach model and an incremental approach model before the decision is resulted. While in the decision making of the *JKMB* Program is using incremental approach, the model is used to make decisions. While the rational approach model is used as a formality after the decision step generated by the decision maker. So because the incremental approach model and rational approach model used in a different time, so it is clear that the decision making of the *JKMB* Program is not using the mixed scanning models.

But however, when seen from the results that have been achieved during the *JKMB* Program running shows quite encouraging achievement. This is demonstrated through the five indicators that visit rate, child immunization coverage, the coverage of maternal visit, the coverage of births assisted by health personnel, and nutrition coverage from year to year continues to show improvement. This is because of several evaluations and improvement of service quality in the *JKMB* Program especially since 2010 Banyuwangi Regency led by new Regent, Abdullah Azwar Annas. When we look at the various improvements and achievements in the *JKMB* Program, the researcher concluded that health security in Banyuwangi Regency can be achieved.

Conclusion

One of the indicators in the development of a country is the increased quality of citizen's health. In order to improve the quality of citizen's health, takes the form of public policy action by the government, especially by the right decision making. Decision making is one of the most central processes in organizations and a basic task of management at all levels. Based from the results of interview with several informants, it was concluded that decision making of the *JKMB* Program done in several stages to get the best decision by applying rational approach model. Based on whole process of the decision making, the selected alternative is creating a new program that provides primary health service for all community levels which then called with the Banyuwangi Public Health Service Assurance Program or *JKMB* Program.

But if we analyze carefully, models of decision making that is used in the decision making of the *JKMB* Program to achieve health security in Banyuwangi Regency is not using the rational approach model as described by several related officials, but tend to use incremental approach model. In addition, decision making of rational approach model is still done even though just a formality. Although it can be said that whatever the result of the analysis will not give any effect because the decision had been taken earlier. And because the two models are used in different times, it is also clear that the decision making models used is not the mixed scanning models.

Decision making of the *JKMB* Program is not through a mature process. This happens because the health issue is politicized became the main campaign material by one of the candidates who compete in local general elections of Banyuwangi Regency. Consequently after the candidate has been elected, the candidates should run the free health service program immediately, no matter what way. Political campaign using health

issues as a major program was able to become a key success Ratna Ani Lestari political campaign, due to the health costs that was a burden to society. Public demand for affordable and quality health service was utilized by Ratna to attract support from local communities so that they can win the local general election in Banyuwangi Regency.

Recommendation

Decision making of the *JPKMB* Program should be transparent. This is necessary to prevent irregularities, particularly the politicization of health. As already mentioned above that the decision maker claims the model used is rational approach models. But the facts on the research field suggest that the decision making model used is the incremental approach models. Decision maker should explain to the public the truth about the process in the decision making of the *JPKMB* Program. In addition, develop a good communication between the Local Government of Banyuwangi Regency and Local Parliament of Banyuwangi Regency is also very important. With a good communication, it is expected that there will be harmonization between local government and local parliament.



References

- Bhushan, Navneet & Rai, Kanwal. (2004). *Strategic Decision Making, Applying the Analytic Hierarchy Process*. London: Springer-Verlag.
- Cole, Gerald A. (2004). *Management Theory and Practice*. 6th ed. London: Thomson.
- Commission on Human Security. (2006). *Human Security Now: Protecting and Empowering People*. New York: Commission on Human Security.
- Local Government of Banyuwangi Regency. (2012) *Banyuwangi Economy Outlook: Macro Analysis*. Retrieved on February 27, 2014 from www.banyuwangikab.go.id.
- _____. (2005). *Preliminary Draft Documents of the Local Medium-term Development Planning (RPJMD) of Banyuwangi Regency 2005-2010*. Banyuwangi: Local Government of Banyuwangi Regency.
- McNabb, N, et al. (2005). *Qualitative Research Methods: A Data Collector's Field Guide*. Washington: Family Health International.
- National Development Planning Agency. (2012). *Evaluasi Kinerja Pembangunan Daerah Tahun 2012*. Jakarta: Ministry of National Development Planning of the Republic of Indonesia.
- Punch, Keith F. (2004). *Introduction to Social Research: Qualitative and Quantitative Approach*. 2nd ed. London: Sage Publication.
- Shafritz, Jay M. & Russell, E. W. (2005). *Introducing Public Administration*. New Jersey: Pearson Education.
- Snyder, Craig A. (2008). *Contemporary Security and Strategy*. 2nd ed. New York: Palgrave Macmillan.
- Stillman II, Richard J. (2000). *Public Administration: Concept and Cases*. 7th ed. Boston: Houghton Mifflin Company.
- Tjokrowinoto, Moeljarto. (1999). *Pembangunan: Dilema dan Wacana*. Yogyakarta: Tiara Wacana.
- Todaro, Michael P. & Smith, Stephen C. (2004). *Economic Development in the Third World*. Jakarta: Erlangga.
- United Nations Development Program. (1994). *Human Development Report 1994*. Oxford: Oxford University Press for the UNDP.
- United Nations Environmental Program. (2009). *Integrated Policy Making for Sustainable Development*. Geneva: UNEP.
- Wahab, Solichin A. (2008). *Pengantar Analisis Kebijakan Publik*. Malang: UMM Press.

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