Citizen Charter Implementation at Soko Community Health Center, Tuban Regency

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ABSTRACT

This research aimed to describe how the implementation of the citizen charter at Soko Community Health Center, the role and behavior of the service apparatus at Soko Community Health Center after the signing of the service notice, as well as the completeness of the supporting facilities and infrastructure as promised in the service at Soko Community Health Center. Qualitative research method was used in this research. The results showed that the types of services provided by Soko Community Health Center were generally well implemented according to the citizen charter. The service promises provided included the service types, the suitability between the service type and service personnel, services for TB patients, immunization services, leprosy establishment services, maternity and emergency services, inpatient services, administrative services for referral letters and health letters. However, there were several things noted for improvement, for example related to services at Maternal dan Child Health (MCH) Poly, the timeliness of services, public ignorance about special services for TB patients (83%), immunization (56.3%), services for leprosy patients (91.7%), delivery services emergency department in which 83.3% stated that it was appropriate, only 16.7% of respondents surveyed said they did not know, as well as several other records found in the field.

INTRODUCTION

The main factors in realizing clean government and good governance including participation, transparency, accountability, legal certainty and equality are important in creating a healthy bureaucratic climate. In the context of the development of the state administration system, bureaucratic reform greatly determines the efficiency and quality of service to the community. The Government of Tuban Regency bureaucracy reform is a commitment to the vision of development and especially in the health sector as stated in the Regent's Regulation Number 22 of

2009 concerning Minimum Service Standards (SPM) for the Health Sector of Tuban Regency which refers to the Regulation of the Minister of Health of the Republic of Indonesia Number 741/Menkes/Per/VII/2008 concerning Minimum Service Standards (SPM) for Health in Districts/Cities and East Java Governor's Decree Number 27 of 2004 concerning Minimum Service Standards (MSS) for Health in Districts/Cities in East Java and Law number 25 of 2009 concerning Public Services.

One of the follow-up efforts to bureaucratic reform, especially Soko Community Health Center as mandated by Law No. 25 of 2009 concerning Public Services, was the obligation to carry out transparent public service improvements. In carrying out service improvement, this work unit begins with evaluating community satisfaction in obtaining services at Soko Community Health Center. Evaluation in the form of measuring customer satisfaction is an important element in providing better, more efficient and more effective services. If the customer is dissatisfied with a service provided, then the service can be ascertained to be ineffective and efficient. In addition, the level of satisfaction of service users/patients in obtaining public services is an important reference to assess the seriousness of local governments in carrying out bureaucratic reform.

Therefore, it is necessary to know the perception of service users/patients on health services at Soko Community Health Center. It is expected that the perception can interpret what was needed by service users/patients in fulfilling the needs they get when using services at Community Health Center. It is expected that Soko Community Health Center can be more advanced and realize basic health services that are friendly, professional and participatory to achieve a healthy community in the life of the nation and state.

In this context, the principle of service which includes easy, transparent and timely is not just a slogan, but actually becomes a reality. So far, service improvement efforts have been carried out without involving an assessment of repair needs, so that service improvement seems to be in the form of sporadic actions that are usually not as needed, for that the implementation of a service users/patient satisfaction survey as part of an assessment of repair needs is a matter of concern which is not only necessary but important. The dynamics of tastes and preferences of service users/patients in this case the community is always evolving, so efforts needed to make adjustments based on the development of science and technology in the context of that adjustment there must be critical identification in the form of feedback from direct service users because public services must be improved, both quality and quantity. Quality refers to the achievement of quality indicators, while quantity refers to service coverage. All of this requires the involvement of all parties in improving public services, including the community that functions as users of health services. Therefore, after the approval and implementation of the Citizen Charter or the signing of the Citizen Charter, surely there must be testing activities on the services provided to the community, it is by means of monitoring and evaluation as an effort to public opinion. The public opinion in question is compiled to obtain a community satisfaction index as a benchmark for assessing the level of service quality and as reference material for the Citizen Charter document.

LITERATURE REVIEW

Service Concept

It is undeniable that human civilization cannot be separated from the development of science and technology

today and in the future. Thus the rapid progress of science as time changes. It is almost inevitable, aspects of life must adjust to the direction of these changes. Health services are the same, as a result of shifts in resource utilization that demand efficiency and acceleration. Relevance to the provision of health services today, it is deemed necessary to reform health services towards public services that prioritize the fulfillment of customer needs, not health services determined by the health service providers themselves. In short, the shift in service patterns from products determined by health institutions through programs described by the government to health services that rely on market mechanisms. The previous application of the concept of health services also, at that time the attention to the technical dimensions of health services, was more dominantly a consideration in decision making when compared to the management aspect itself. There is an assumption by the leadership of health institutions that, to facilitate the achievement of health service goals, the carrying capacity of resources must be adjusted to technical procedures, in order to minimize the possibility of obstacles that occur during productivity. In line with the progress of time, the achievement of service performance has not shown acceleration with the technical approach that has been determined by the policy of the institution itself. Errors in thinking leaders, become less than optimal in health services. The leadership style applied is rigid, mechanistic and slow in controlling productivity. This condition tends to create classic organizations that are not future-oriented. Starting from the picture as described above, it becomes an intake in facilitating the management of a health service. Currently, new discoveries in relation to health services have deepened the development of practical methods of public service.

Definition of Health Services

The definition of health services is quite diverse in opinion from experts. One of them was delivered by Levey and Loomba (1973). He said that health services are every effort that is carried out alone or jointly in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups, and or the community. From the definition above, it can be concluded that the characteristics of health services contain:

1. Self-business
   Every health service effort can be done alone at the service place. For example, the service of a practicing doctor.
2. Business institutions or organizations.
   Every health service effort is carried out in an institutional or health organization at the service place. For example, public health services at the Community Health Center.
3. Having achievable goals
   Each health service has a variety of products as the end result of services whose main goal is to increase the health status of the community or person.
4. Program Scope
   The scope of health services includes activities to maintain health, improve health, prevent disease, cure disease, restore health, or a combination of these.
5. Service targets.
   Each health service produces different targets, depending on the program to be carried out, it can be for individuals, families, groups or for society in general

In accordance with such limitations, it can be understood that the forms and types of health services that can be found

are of many kinds because all of this is largely determined by:

1. Organization of services, whether carried out individually or jointly in an organization.
2. The scope of activity, whether it only covers health maintenance, health promotion, disease prevention, disease healing, health recovery, or a combination thereof.
3. The target of health services, whether for individuals, families, groups or for the community as a whole.

In general, what is meant by health services is every effort that is carried out jointly in an organization to maintain and improve health status, prevent and treat disease and restore the health of individuals, groups, families or communities (Asrul Azwar, 1996). According to Azwar (1996), three factors influence health services. First, input elements include medical personnel, funds and available facilities as needed. Second, environmental elements include policy, organization and management. Third, the elements of the process include medical and non-medical actions according to established professional standards.

Even though there are many forms and types of health services, if they are simplified in general they can be divided into 2 types and types of health services, if translated from the opinion of Hodgetts and Cascio (1983) including:

1. Medical services

   The health services referred to in the medical services group are characterized by ways of organizing which can be solo (solo practice) or jointly in an organization (institution), the main purpose of which is to cure disease and choose health and its targets, especially for individuals and family.
2. Public health services

   The health services referred to in the group of public health services are characterized by a general way of organizing together in one organization, the main purpose of which is to maintain and improve health and prevent disease, and its targets are mainly for groups and communities.

Even though medical services are different from public health services, in order to be called a good health service, both must have various basic requirements. The main conditions in question are:

a. Available and sustainable

   The first basic requirement for good health services is that health services must be available in the community and be continuous. This means that all types of health services needed by the community are not difficult to find, and their presence in the community is needed at any time.

b. Reasonably acceptable

   The two main requirements for good health services are those that are acceptable by the community and are appropriate, meaning that the health services do not conflict with the beliefs and beliefs of the community. Health services that are contrary to customs, culture, beliefs and beliefs of the community and are unnatural, are not good health services.

c. Accessible

   The third basic requirement for good health services is that it is easily accessible (accessible) by the community. The definition of achievement meant here is mainly from the point of view of location. Thus, to be able to realize good health services, the distribution of health facilities is very important. Health services that are too concentrated in urban areas only, and while they are not found in

rural areas, are not good health services.

d. Affordable
The fourth basic requirement for good health services is that it is easily accessible (affordable) by the community. The definition of affordability is meant here, especially from a cost point of view. To be able to realize a situation like this, it is necessary to strive for the cost of health services in accordance with the economic capacity of the community. Expensive health services and because of that it is only possible to enjoy a small portion of the community, is not a good health service.

e. Quality
The fifth basic requirement for good health services is quality. The definition of quality referred to here is that which refers to the level of perfection of the health services provided, which on the one hand can satisfy the service users, and on the other hand the procedures for its implementation are in accordance with the code of ethics and standards that have been set.

Health Service Problem

Unfortunately, as a result of the development of medical science and technology, these five basic requirements are often not met. With the development of science and technology, there have been several changes in health services. Thses changes, on the one hand, bring many benefits, such as improving the quality of services, which can be seen from the decreasing number of morbidity, disability, and death as well as increasing the average life expectancy. On the other hand, these changes also bring many problems as follows:

a. Fragmented health services
The emergence of fragmented health services is closely related to the emergence of specializations and sub-specialties in health services. The negative impact caused is that it makes it difficult for the community to obtain health services which, if sustainable, in turn will cause the community's needs for health services to not be fulfilled.

b. Changes of health services characteristics
This change arose as a result of the fragmentation of health services, the effect of which was mainly found on the doctor-patient relationship. As a result of the emergence of specialists and sub-specialists, the attention of health service providers can no longer be given comprehensively. The attention is only focused on complaints and or the sick organs. Changes in the health services characteristics are becoming more evident, if it is known that at this time various sophisticated medical equipments have been used. The dependence that then arises on various sophisticated medical equipment can cause various negative impacts, including:

1) The more tenuous the doctor-patient relationship between the doctor and the patient, there has been a separation barrier, it is the various medical equipment used.
2) The higher the cost of health, it is easy to predict that this situation will make it difficult for the

community to access health services.

Both changes with negative impacts will inevitably affect the quality of service. Health services that only pay attention to the organs of the body, of course, will not succeed in completely solving the health problems suffered by a person.

Citizen Charter Concept

The role of the government has changed in accordance with the demands and dynamics of a developing society. This is in line with the changing paradigm in the science of public administration, in the Old Public Administration paradigm placing citizens as clients, where the client's position is more powerless, on the side that must comply with the treatment of services provided by the provider (bureaucrat). At this time the position of citizens is very weak because they are very dependent on the government as a service provider. The second paradigm of The New Public Management (NPM) is to put the market mechanism as a guide in public services. In this decade known the term "steer not row". Here the role of government is to direct. NPM places community members as customers, where the context and quality of service are largely determined by the economic capacity of the customer. If the customer has a better economic capacity then he will get better service as well.

Finally, the latest paradigm, it is The New Public Service (NPS), places citizens as citizens who have the rights to obtain adequate public services from the state/government. Therefore, the public bureaucracy is required to change itself from government to governance (Keban, 2008). The current approach to public service delivery must place service users at the center of attention, as desired in the citizen's charter concept. According to Dwiyanto (2002) in controlling public services, the position of the community is still weak. So far, residents have taken care of their ID cards, land certificates, birth certificates, building permits, passports, and so on, including health services provided by government-owned health units. All regulations and service systems are determined unilaterally by the government bureaucracy. The government bureaucracy has enormous power to determine the service model, without ever asking or trying to understand the difficulties, hopes and aspirations of the citizens for the services previously desired by the citizens. Whatever form of system and service ethics have been outlined by the government, citizens are obliged to follow it. The current rules are very unfair, because citizens as part of the service stakeholders, practically do not have a decisive role, except as mere objects of service.

Public service is essentially an effort to fulfill the basic needs of the civil rights of every citizen. One of the basic rights of citizens is health. The concept of public service has grown so rapidly from the Old Public Administration, it is the fulfillment of procedures and regulations, as well as the implementation of superior's instructions which are the main focus in providing services to the community, then the concept of New Public Management (NPM) through a managerial approach with a scope of functions, among others : planning, organizing, controlling, directing, coordinating, staffing, motivating, and making decisions formulated by the political elite, and the New Public Service (NPS) concept, it is the public interest is not formulated by the political elite as stated in the rules, the government's role is only to negotiate and explore the various interests of citizens and various community groups that exist, so that the bureaucracy that provides services must be accountable to the community as a whole. Therefore, the community must have a bargaining position in public services. One of the efforts to increase the bargaining position is the Citizen Charter.

Citizen's charter (CC) is one type of official statement from public service providers to the user/customer community as a “promise” for the quality of public services to be provided, and this is a very strategic way to realize good governance in Indonesia, it is by linking these big concepts and ideas with public services, something that is actually faced directly by the wider community. This paper will describe some of the latest information about the condition of public services in Indonesia, the results of research on public perceptions of the quality of public services, as well as the experience of piloting the application of citizen charters as a breakthrough in public service delivery in Indonesia. Efforts to link good governance with public services are perhaps not new. However, the relationship between the concept of good-governance and the concept of public service is surely clear enough.

Citizen Charter in developed countries is mostly applied in Anglo-Saxon countries such as England and Ireland. Recently, the Citizen Charter has also become an important part of The Charter of Fundamental Rights in the European Union. The results of trials in several regions in Indonesia prove that this system is effective enough to change the paradigm of public services which are currently at a standstill. Basically, the Citizen Charter is a new approach in public services that places service users as the center of attention or the most important element. Thus, the realization of the Citizen Charter is expected to be able to form a “service culture”, similar to the concept of the Ministry of Home Affairs which emphasizes the position of bureaucrats as civil servants rather than *pamong praja*. The needs and interests of service users are the main considerations in the entire service delivery process. In practice, Citizen Charter is used to encourage service providers, service users and other stakeholders to make a “mutual agreement” on the type, procedure, cost, time & way of providing services. The purpose of the establishment of a Citizen Charter is to make public services more responsive or responsive, transparent and responsible or accountable. As for the formulation of the Service Contract, those involved are service users, all units involved in providing services, NGOs, the government, local community leaders, and others.

There are many things that are very functional in the implementation of the Citizen Charter, it is that it can be used as a form of formulation of an open collective agreement, as a public instrument to control service delivery, and also as a means to regulate the rights and obligations of the public. users and service providers in a balanced and fair manner. Thus, the assumptions contained in good governance are very much in line with the Service Contract, namely that public services will be a shared affair and responsibility between the government, the private sector, and the user community in general. In Citizen charter, basically what is of concern is:

1. Tangible such as physical ability, equipment, personnel and material community
2. Reliable, the ability to form the promised service can be precise and have a constancy.
3. Responsiveness, the sense of responsibility for establishing the promised service can be precise and has a sense of constancy.
4. Assurance, knowledge, behavior and abilities of employees.
5. Empathy, individual attention to customers.
6. Simplicity, uncomplicated service procedures, easy to understand and easy to implement

While in the Citizen Charter, there are five main elements listed, including:

1. Vision and mission of service;

It is a formulation of the extent to which public service organizations have referred to the principles of service certainty. It must be remembered that the vision and mission of service are not only understood as slogans or mottos, but must be actualized into concrete actions. The vision and mission must be part of the service culture which is reflected in the way of service delivery.

2. Service standards;
   It contains an explanation of what, why and how efforts are needed to improve service quality. Service standards contain service norms that will be accepted by service users. In this case, service standards must contain standards of treatment for users, product quality standards (output) obtained by the community and information standards that can be accessed by service users.
3. Service flow;
   It contains an explanation of the units/sections that must be passed if they are going to take care of something or require services from certain public organizations. The service flow must explain the various functions and duties of the units within the service office so that misunderstandings between service providers and service users can be reduced. The service flow chart needs to be placed in a strategic place so that it is easy for service users to see. It would be nice if the chart was designed in an attractive manner with simple language and pictures that made it easier for service users to understand.
4. Community complaints unit or section;
   What is meant is a unit, unit or section that functions to receive all forms of public complaints. This unit must respond properly to all forms of complaints, ensuring the seriousness of service providers to respond to complaints and inputs. He also plays a role in evaluating the existing service system. One of the important roles of the public complaints unit is in research and development of service systems.
5. Survey of service users;
   In Indonesia, surveys of service users are mostly still limited to being carried out by private companies in the form of customer surveys. The Service Contract requires that a survey of service users be conducted for public organizations. The goal is to find out the aspirations, hopes, needs and problems faced by the community. The survey results are used to improve the public service delivery system in the future according to the expectations of the community. What is expected from the survey of service users is a good relationship and the level of user trust in service providers.

RESEARCH METHODOLOGY

The research was conducted using descriptive research. Descriptive research is a research conducted with the main objective to provide an overview or description of a situation objectively. In his book Arikunto. S : 2010 entitled “Research Procedure”. Descriptive research is research conducted to investigate the state of a particular object, after which the research results will be presented in a research report. This descriptive research design is used to solve or answer problems that are being faced in the current situation, and this research is intended to explain the phenomenon or characteristics of a

particular individual, situation or group accurately. In other words, this research is conducted to describe a set of events or conditions of the current population, because this is a way to find new meanings, explain a condition of existence, determine the frequency of occurrence of something, and categorize information. The research is conducted by focusing on certain aspects and often shows the relationship between various variables. Descriptive Research Design aims to explain or describe research problems that occur based on the characteristics of People, Place, and Time.

1. Person Variable:
   People as individuals have infinitely many variables, so it is impossible to make observations on all of these variables. Some of the Main Variables that can be used as indicators to identify a person are: Age, Gender, Ethnicity/Ethnicity, Education, Marital Status, Economic Status, Marital Status, etc.
2. Place Variables:
   The factor of place or geographical distribution plays a very important role in research, because in different geographies there will be different patterns of problems faced (= disease patterns).
3. Time Variables:
   The time variable is very influential on the results of the research carried out, for example a "survey" conducted at different times or seasons can produce different disease patterns. Time changes that need attention include: Secular Trends; Cyclic Variation; Seasonal Variations; Random Variation. The description can occur in the scope of Individuals in a certain area or the scope of Groups in the community in a certain area. This descriptive research design can be quantitative or qualitative.

Some of the Dominant Characteristics of Descriptive Research Designs are as follows:

1. Characteristics of describing events or events that are factual. Sometimes, this research is intended ONLY to make a description or description of a phenomenon solely, NOT to find relationships between variables, test hypotheses, or make predictions.
2. Conducted by survey; Therefore, Descriptive Research is often referred to as Survey Research. In a broad sense: Descriptive Research can cover all research methods except historical and experimental research.
3. Looking for factual information and carried out in detail.
4. Identifying the problem or to justify the current situation and practice.
5. Describing the subject being managed by a certain group of people at the same time.

In general, the (technical) steps that must be taken in descriptive research are no different from other research designs, which include:

1. Choosing the problem to be researched.
2. Formulating and limiting the problem; then based on these problems conduct a preliminary study to gather information and theories as the basis for developing a Research Concept Framework.
3. Making assumptions or assumptions that form the basis for formulating research hypotheses.
4. Formulating research hypotheses, if any
5. Formulating and selecting data collection techniques.

6. Determining criteria or categories for conducting data classification.
7. Determining the techniques and data collection tools to be used.
8. Carrying out research or data collection to test hypotheses.
9. Performing data processing and analysis.
10. Drawing conclusions or generalizations.
11. Preparing and publishing research reports.

In every research activity there is always a data collection activity. As the opinion of Sulistyo-Basuki 2006: 147 regarding the method of data collection in research, which includes:

1. Nonparticipant observation (uncontrolled observation)
   In this method, the researcher only observes, records what happens. This method is widely used to examine the activities in the Puskesmas or the activities of service providers when carrying out services to patients or service users.
2. Questionnaire
   Questionnaires are structured questions that are filled out by the respondents themselves or filled out by the interviewer who reads the questions and then records the answers given (Sulistyo-Basuki, 2006, p. 110). The questions that will be given in this questionnaire are questions regarding the facts and opinions of respondents, while the questionnaire used in this study is a closed questionnaire, where respondents are asked to answer questions and answer by choosing from a number of alternatives. The advantages of the closed form are that it is easy to complete, easy to analyze, and able to provide a range of answers.
3. FGD (Focus Group Discussion)
   FGD can simply be defined as a discussion that is carried out in a systematic and focused way about a particular issue or problem. Irwanto (2006, pp. 1-2) defines FGD as a systematic process of collecting data and information about a particular problem that is very specific through group discussions.

In essence, in qualitative research, processing data is categorizing, systematizing, and even producing meaning by the "researcher" for what is the center of his attention. Miles and Huberman as quoted by Salim (2006, pp. 20-24), state that there are three steps of qualitative data processing, including data reduction, data display, and conclusion drawing and verification. In its implementation, data reduction, data presentation, and conclusion drawing/verification are very flexible steps, in the sense that they are not bound by chronological boundaries. Overall these steps are interconnected during and after data collection, so the model from Miles and Huberman is also called the Interactive Model. Based on the explanation that has been developed by Agus Salim (2006, pp. 22-23), it can be explained briefly as follows:

1. Data reduction, in this stage the researcher selects, and focuses attention on simplification, abstraction, and transformation of the rough data obtained.
2. Presentation of data (data display). Researchers develop a description of structured information to draw conclusions and take action. Data display or data presentation commonly used in this step is in the form of narrative text.

3. Conclusion drawing and verification. Researchers try to draw conclusions and verify by looking for the meaning of each symptom obtained from the field, noting the regularities and configurations that may exist, the causality of phenomena, and propositions.

In a research, data analysis is carried out on statements or statements put forward by informants. This was done by means of the researcher reading all the interview transcripts and describing all the experiences found in the field. Based on the efforts at the stage proposed, it will be known the meaning of either the connotative-denotative meaning or the implicit and explicit meaning of the statement on the topic or object. Furthermore, the description of the meaning itself will show the meaning themes which indicate the tendency towards the answers or understandings intended by the informants. As well as another important aspect that is analyzed in phenomenology is a holistic and general explanation of a conversation with the research subject. From this general explanation, it is necessary to draw a link between the meanings developed for each topic discussed during the interview process (general description of the experience).

The validity of research data can be seen from the ability to assess data from the aspects of validity and reliability of research data. To test the validity of the research, it can be done by using the triangulation method in which the researcher finds an understanding with the research subject. While reliability can be done by performing or applying fieldnote procedures or field notes with the procedures to be determined (Kirk and Miller, 1986, pp. 41-42). In order to get a satisfactory picture of the results of an interview, because this study applies interviews as the main data collection tool, according to Tesch (Creswell, 2002, pp. 144-145), the following steps can be taken if the researcher has prepared a text or transcript of the interview thoroughly. complete.

1. Understanding the note as a whole. The researcher will read all notes carefully and may also write down a number of ideas that arise.
2. Choosing one of the most interesting, short interview documents at the top of the pile.
3. Compiling a list of all topics for several informants.
4. Abbreviating the topics into codes and write the codes in the appropriate part of the manuscript.
5. Looking for the most descriptive words for the topic and change the topics into categories.
6. Making a final decision on the abbreviation for each category and sort the categories alphabetically.
7. Gathering every material in one place and start doing the initial analysis.
8. If necessary, codes will be compiled against the existing data.

Thus, roughly the main things in data processing for a qualitative research process.

Data analysis is needed to process raw data so that it provides meaning and meaning that is useful in solving research problems. In this arrangement the author uses qualitative analysis methods, namely data analysis carried out by describing, describing and describing in depth the actual situation in the field or events that occurred.

Qualitative data analysis according to Bogdan and Bikel (1982) in the book Lexy J Moleong (2007) says: Efforts are made by working with data, organizing data, sorting it into manageable units, synthesizing it, looking for and finding patterns, finding what is important and what is learned and decides what to tell others. The data analysis process in this study uses the Miles and Huberman model, which uses interactive analysis. The collection of data obtained in the field is presented in the form of a narrative, the results of data collection are reduced, summarized so as to find the main themes and patterns that are relevant to the research. Data reduction and data presentation are two components of analysis that are carried out simultaneously with the data collection process, with data presentation making it easier for researchers to see the overall picture or a particular part of the research followed by drawing conclusions by conducting continuous verification throughout the research process, with additional data conclusions will be accurate.

RESULTS AND DISCUSSION

Implementation of the Citizen Charter at Soko Community Health Center after the signing

Citizen Charter (CC) is one type of official statement from public service providers to the user/customer community as a "promise" for the quality of public services to be provided. Citizen Charter of public services encourages public service providers to together with service users and other stakeholders to agree on the type, procedure, time, cost, and method of service by considering the balance of rights and obligations between service providers, service users, and related stakeholders.

Citizen Charter (CC) is an approach to public service delivery that places the community as the center of service. This means that the needs and interests of users of public services must be the main consideration in the whole process of providing public services. In contrast to the practice of providing public services in general, which places the interests of the government and service providers as the main reference for service delivery practices, CC places the interests of service users as the most important element.

Taking a look at the level of community need for users of public services, especially in the health area, this is an extraordinary thing that is needed, thus encouraging service providers to improve the form and system of services provided, how public trust in service providers becomes better and of better quality, so that users are expected to service that comes happy and satisfied. The Public Service Standards that will be applied at the Soko Health Center refer to the Regent Regulation of Tuban No. 22 Minimum Service Standard of Health and based on Law No. 25 of 2009 concerning Public Services is obliged to carry out the improvement of transparent public services.

The steps in the preparation of the Citezen Charter Document are through several stages, including the formation of a CC drafting team, FGD and reviewing problems that exist in the Puskesmas related to Public Service Standards. And from the results of the FGD, it finally emerged and it was seen what things/problems/lack there were in public services at the Puskesmas. As a reference material for the preparation of the Citizen Charter draft and documents, namely surveys and observations are carried out, after the draft is formed and the Citizen Charter Draft is signed, the implementation and implementation will automatically be carried out.

The next step as a follow-up to the implementation of the Citizen Charter

carried out is surveys and observations, it is as reinforcement for reference for the preparation of the Citizen Charter document, which document will be used as a foothold in carrying out health services at Soko Community Health Center. The scope or basic matters in public services from the Service Standards include, among others, Public Service Standards, such as the problem of Service Time, Service Place, Service Officer, Completeness of Facilities, Service Flow, Complaints Unit, and Type of Service. Then after the formation of the draft and the signing of the Citizen Charter by Soko Community Health Center and the service user community, then ensuring the correctness of the implementation of the contents of the Citizen Charter by the Community Health Center as the service provider, it is through Monitoring and Evaluation including conducting surveys/interviews with users of services, FGD with stakeholders continued with observation. This was carried out with the aim of knowing the changes in services after the signing, and efforts to find out the implementation of the promised Citizen Charter and also what obstacles were difficult to implement.

Scope of Soko Community Health Center Services in Citizen Charter Perspective

In general, the contents of the CC draft that need to be compiled include several components, including a) Name/Title of Public Service, b) Vision, c) Mission, d) Service Standards, e) Rights & Obligations of Service Providers, f) Rights & Obligations of Service Recipients, g) Sanctions, h) Complaint Mechanism, i) Service User Survey, and j) CC Document Validation Page. To find out and also as an evaluation material in the implementation and implementation of the Citizen Charter, among other things are asked as questions to service users, among others regarding Service Standards including Service Time, Service Places, Service Officers, Completeness of Infrastructure, Service Flow, Complaints Unit, and Service Type.

Type of Service

The basic services at Soko Community Health Center are open Monday - Thursday at 07.30 - 14.00 WIB, Friday at 07.30 - 10.30 WIB, and Saturday at 07.30 - 11.30 WIB (CC Document). The types of services were available at Soko Community Health Center were basic services, including Maternal dan Child Health (MCH), Family Planning, Checkup, Medication, TB, Immunization, Leprosy, Health Promotion/Counseling, Delivery and Emergency, Hospitalization, Referrals and Health letters. In general, the hours of service have been in accordance with the promises in the CC, as 75% of respondents interviewed said they were appropriate, however there were 13% of respondents stated that they were not. The remaining 12% of respondents said they did not know.

Public opinion about the type of service that was in accordance with the service promise of Soko Community Health Center was strengthened from the observation that the type of service provided was in accordance with the citizens charter document. Community Health Center services in general had been in accordance with service promises, as in the opinion of respondents, 89.6% said they were appropriate when asked their opinion about the compatibility between officers who provided services and their main duties and responsibilities, 4.2% of respondents said they did not know and 6.3% of respondents said it was not appropriate. This opinion was based on the experience of respondents when they needed services at the MCH Polyclinic, which are served by nurses, not by midwives, which should be the midwife's responsibility for MCH services. Meanwhile, the midwife on duty was not present during working hours. Another

reason for the discrepancy was the survey results, that the officers were not disciplined. Undisciplined officers, related to the status of the officer. The officer who provided the service in question had an honorary status. Officers with honorary status had inappropriate income, so that the services provided were not in accordance with the service promises. Quoting a statement from the Head of Soko Community Health Center in a Focus Group Discussion:

> ... "That regarding to the types of services at Soko Community Health Center carried out by the Officers, the majority of the existing officers are honorary staff which can be said that the rewards we provide are very unbalanced, meaning that they cannot be compared with the income of civil servants or employees outside the Puskesmas in general. So, for the problem of indiscipline officers in providing services to certain types of services, we are aware of that, but we will try to change it little by little so that with their own awareness or officers will be more disciplined in providing services to certain types of services needed by the community "....

The discrepancy between services and staff was also obtained from observation findings when services at the dental clinic were served by nurses, not by dentists. At the time of service the dentist was not present. For TB patients, in general, patients do not know, this was as the survey results 83.3% of respondents answered that they did not know. Only 16.7% of respondents said they were appropriate. Immunization services in general were the same as TB services, people did not know, and this is as stated by the majority of 56.3%. In general, services for people with leprosy was not known, as the opinion of respondents 91.7% said they did not know. Respondents who said it was appropriate only 8.3%.

In contrast to TB and leprosy services, in general, the community said that they had complied with the Community Health Center service promises for delivery and emergency services. As many as 83.3% said it was appropriate, only 16.7% of respondents surveyed said they did not know. Inpatient services and receptions carried out by the Community Health Center for 24 hours. According to the community, it was in accordance with the promised Citizen Charter, as stated by 83.3% of respondents surveyed saying it was appropriate, only 16.7% of respondents said they did not know. The types of services for providing referrals and health letters at Soko Community Health Center were generally considered to be appropriate. This statement was expressed by 64.6% of respondents who answered according to the question related to referrals and health letters at Soko Community Health Center were on schedule or not. Only 35.4% stated that they did not know. In general, the service at Soko Community Health Center has been in accordance with its service promises, this is in line with the statement from dr. Vivi during the Focus Group Discussion (FGD):

> ..."service users who come according to the procedure and complete the requirements as they should be of course very easy and we basically never make it difficult, all we need is patients bring the conditions we need such as photocopies of ID cards, community health membership cards, or

information on incapacity or other required conditions are sufficient so that it is easy for us to collect data or make an inventory to the administration and can be accounted for."

Service schedule

The service schedule at Soko Community Health Center was according to the service promise starting at 19.30 WIB. In general, the promise has been carried out according to schedule. 77.1% of respondents statement stated that it was on schedule. However, there were 2.1% complaints of respondents said the service hours were not appropriate. The respondent's complaint was corroborated by observation findings, during service hours (19.30 WIB) not all officers were in their respective rooms. For example, in the dental poly room, the new doctor was at 20.15 WIB, in the general practitioner's room at 20.00 WIB, and there were only officers from the respondent.

The service hours at the Registration Counter at Soko Community Health Center were generally in accordance with the service schedule. According to 77.1% of respondents opinion, it was said that it was according to schedule, 20.8% did not know and 2.1% of respondents said it was not appropriate. Respondents who said the service hours were not on schedule, reasoned that the level of discipline of the officers was lacking or low. The schedule of service hours at the General Poly, Dental Poly, MCH Poly, Family Planning, Referral, Health Letter, Medicine Room, Nutrition Poly, Laboratory, TB, Leprosy, Immunization, Inpatient, and ER at Soko Community Health Center has been running according to the schedule of service hours stated in the Citizens Charter, as the opinion of 72.9% of respondents said that it was according to the specified schedule, while 27.1% said they did not know.

In general, the service hours had been in accordance with the schedule promised by Soko Community Health Center as stated in the service promise, but there was no active daily service information provided to service users, so patients who come before 19.30 WIB were not served. It perceived that the service hours are not in accordance with the service promise. As observed, service users have arrived at the Soko Health Center at 19.20 WIB. However, none of the officers provided information about service hours.

Time / length of service

The service time promised by Soko Community Health Center was generally appropriate, as stated by 87.5% of respondents who said that the time/length of service required by service users was appropriate, and the remaining 12.5% of respondents answered that they did not know. The promise of an appropriate service time was confirmed from the observation that the time used for the services implemented was in accordance with the Citizen Charter.

Service Provider

Evaluation of the implementation of promised service also assessed the ability of officers to provide services at the Community Health Center according to the perceptions of service users. In general, service users perceived the ability of service personnel to be appropriate, this was conveyed by 93.8% while the remaining 4.2% did not know/did not answer and 2.1% of respondents said it was not appropriate. Respondents who perceived that they were not in accordance with their abilities, because the experience of respondents when using MCH services was not handled by midwives, but nurses. In general, service users assessed that the officers had been friendly in providing

services, this was stated by 87.5% of respondents who said they were friendly, but 12.5% of respondents said the officers were not friendly. This was perceived by service users, the officer's attitude showed strict gesture. Service users said that there was no friendly response, when service users were confused, or did not know the stages of service delivery. Service personnel were perceived as not empathetic to patients. This was as the observation finding that there were patients who were confused but there were no officers who provided information, even though in front of the entrance there was a registration and information counter. The staff's lack of empathy was caused by the personal condition of the officers who were having problems, this was stated by the Head of Soko Community Health Center in the FGD:

> ... this may be due to the condition of the officers in providing services at that time due to the influence of the situation at home which is still carried out at the Community Health Center, and this is a note for us as service providers to emphasize to the officers that are as friendly as possible in providing services. This is homework for us and this in our opinion is an important thing that must be prioritized ...

Soko Community Health Center officers in general had been fair, and not discriminatory towards service users. As stated, 95.8% stated that service personnel acted fairly and did not discriminate, while the remaining 4.2% said they did not know. The attitude of officers about caring for patients in general had been in accordance with community expectations. It was as stated by 89.5% of respondents who said it was appropriate. The remaining 2.1% stated that they did not know and 8.3% of respondents said that the officers did not care about service users. The perception that officers did not care about service users was caused by the indifferent attitude of officers and stingy information. The respondent's statement about the attitude of officers who did not care about service users was confirmed by the Head of Soko Community Health Center:

> ... for a sense of empathy we will try as much as possible and as soon as possible. This is a note for us as service providers to emphasize to existing officers to increase a sense of concern for patients with friendly actions in providing services and this is homework for us and this is in our opinion is an important thing that must be prioritized" and the lack of response in our consultation is still confused, and it's not that we defend our officers, especially in terms of consultation, we are very open about whatever we find in terms of direct examinations we respond and we convey to the patient or family concerned. If you look at it, it seems that during our time on duty we have never covered up, especially regarding patient rights, but this is a positive input as an effort for us as officers and service providers to be more sensitive in providing services to the general public".

In general, the number of officers at the Community Health Center according to the community is sufficient. This is in accordance with the respondent's statement that 62.5% of respondents said the number was sufficient or appropriate. As many as 35.4% of respondents said they did not know, and the remaining 2.1% of respondents said they did not fit. The reason the respondent said the number of officers was not appropriate was because there were many interns or volunteer officers. In general, the ability of the officers, the friendliness of the officers, the care of the officers had been in accordance

with public expectations, but there were things that need to be considered, it was the use of information officers to provide information to users, such as information on service hours, because many service users arrived before service hours.

There are important findings on the number of officers, especially the number of doctors, which are perceived by the community as still lacking, such as not having a pulmonary specialist (TB) and leprosy. In addition, there were no parking attendants who direct service users to place their vehicles. These were complaints by service users as observed. This shortage of staff was also confirmed by the statement from the Head of Community Health Center in the FGD:

> ... that in terms of staff we feel that we are still lacking, if we appoint more officers, frankly we are not able to, even then we have a janitor that doubles as well as doubles for parking, and we need to convey also that Soko Community Health Center related to our doctor has additional new dentist...

In general, the officers had provided services and behaved according to service promises, but there were findings that need to be considered, there were officers who are still indifferent, apathetic, not paying attention to customers, and indicated by a rude gesture

Facilities and Infrastructure

The completeness of the pre-facility facilities included x-ray equipment, laboratories, waiting rooms, toilets for service users, parking lots, including janitors. In general, according to respondents, the infrastructure facilities were in accordance with customer needs, this statement was revealed from 83.3% of respondents surveyed who said they were appropriate, 10.4% said it was not appropriate, 6.3% of respondents did not know, and 10.4% of respondents said it was not appropriate. Respondents who think it was not appropriate stated the reasons for the absence of rongent. Customers perceived that the Community Health Center is obliged to have a rongent device. Another cause, customers perceived the completeness of the infrastructure was not appropriate because there were no cleaning staff. The reasons that emerged were expressed by respondents regarding incomplete infrastructure, respondents perceived that the drugs given by the Community Health Center were not of good quality, and lastly, respondents assessed that the Community Health Center did not have complete laboratory space and equipment. This was based on the experience of respondents having to do laboratory tests outside the Community Health Center. Regarding the condition of completeness of facilities and infrastructure at the Puskesmas, 87.5% of respondents said it was still good, 10.4% of respondents did not answer and 2.1% of respondents said it was not good because they think it was good or not, it depended on the treatment which was the cleanliness in Soko Community Health Center was still considered lacking and according to them this was a form of lack of infrastructure condition.

In general, the infrastructure of the Community Health Center to support services to service users was in accordance with public perception, but there were some findings that needed attention, such as, the completeness of the laboratory, parking lots and staff, dirty toilets, including the availability of clean water in the toilets.

Service Flow

Service flow was the stage that must be passed by service users starting from coming to returning home after getting service. In general, the community was aware of the service flow applied at Soko Community Health Center. This was as found by

respondents as many as 91.7% of respondents answered that they knew the service flow, while the rest answered that they did not know. Whether the service flow at Soko Community Health Center had been carried out well, as many as 95.8% of respondents said it was good, the remaining 2.1% did not answer and 2.1% of respondents said it was not good. In general, service users already knew the service flow, and Soko Health Center had implemented the service flow well.

Complaints/Suggestion box

Complaints or Suggestion Boxes are communication media between service users and service personnel. The way the suggestion box communication media works was that service users wrote according to what they wanted, whether it was criticism or input. Meanwhile, complaints outside the suggestion box could be made through the short massage system (sms) or by telephone. Service users rated that the complaint/suggestion box was unknown. This statement was in accordance with the survey results, in which 56.3% of respondents answered they did not know, while 43.8% answered they knew. The majority of service users had not used the suggestion box for communication media with service officers. This is according to the opinion of the respondents as many as 91.7% answered never using the suggestion box, the remaining 6.3% answered never. The material written in the suggestion box for users who had used the media was an officer's disciplinary complaint. It was as the answer of 100% of respondents who answered that they had used the suggestion box. On the complaint whether the Community Health Center gave a response, and only 4.2% of respondents received a response to the complaint, while 66.7% of respondents did not receive a response, and the remaining 29.2% of respondents answered that they did not know. In general, the complaint unit through the suggestion box had not been used by service users. As for service users who have used complaints, most had not received a response from the Community Health Center for service complaints.

POLICY IMPLICATIONS AND RECOMMENDATIONS

1. The Head of the Community Health Center ensures that the officers on duty in each poly must be ensured in accordance with their main duties, at least 10 (ten) minutes before service hours start
2. The head of the Community Health Center ensures that 10 (ten) minutes before the service time, all officers must be at their respective places.
3. The Community Health Service needs to provide special officers in charge of providing information, and public relations duties
4. The head of the Community Health Center gives sanctions and rewards to service officers
5. The head of the Community Health Center needs to provide communication and public relations skills to service providers
6. It is necessary to fulfill complete laboratory facilities and infrastructure, parking, comfortable toilets, service users have complained about
7. Soko Community Health Center needs to create an effective communication medium for complaints, not only through a suggestion box

CONCLUSION

The types of services provided by Soko Community Health Center in general had been well implemented according to the service promise. The service promises provided include the type of service, the

suitability of the type of service with service personnel, services for TB patients, immunization services, leprosy establishment services, maternity and emergency services, inpatient services, administrative services for referral letters and health letters. However, there are a few things to note for improvement, including:

a. Services at the Maternal dan Child Health Polyclinic were served by nurses, not by midwives. The officer who was supposed to provide MCH services was not present. The absence of officers when they were needed raised the perception of officers being undisciplined. The officer's indiscipline because the salary was not in accordance with the workload, was not an excuse for the officer not to work according to the service promise
b. The mismatch of service time also occured in the dental clinic. It is when the dentist's service hours, the dentists had not been present
c. In general, service users did not know, if Soko Community Health Center had special services for TB patients, as the survey results 83.3% of patients stated that they did not know.
d. In general, service users did not know about the special immunization services provided by Soko Community Health Center as in the opinion of 56.3% of respondents answered that they did not know.
e. In general, people did not know about services of leprosy, as in the opinion of respondents, in which 91.7% said they did not know. Respondents who said it was appropriate were only 8.3%.
f. Related to the Delivery and Emergency Services Plan. as many as 83.3% respondents said it was appropriate, and only 16.7% of respondents surveyed said they did not know.
g. In general, service schedule at Soko Community Health Center was according to the service promise starting at 19.30 WIB. However, there were findings that service users who come before service hours perceived that the service had not been in accordance with the service promise. This was due to the ignorance of service users, and there was no special officer who provided information on this condition.
h. The time/length of service promised by Soko Community Health Center was generally appropriate, as stated by 87.5% of respondents who said that the time/length of service required by service users was appropriate.
i. Related to the Service Providers, in general, service users perceived that their abilities were appropriate, this was conveyed by 93.8 respondents.
j. Service officers in general had been friendly. It was found by 87.5% of respondents who said they were friendly. However, there was a finding that 12.5% of respondents said the officers were not friendly. This was perceived by service users, the officer's attitude showed a rude gesture.
k. Service officers in general had acted fairly or non-discriminatory in providing services, but there were findings that officers were indifferent and paid less attention to service users, especially in terms of service information needs.
l. The facilities and infrastructure of Community Health Center were generally adequate, but there were findings of customer needs in the form of complete laboratory facilities, so that patients did not need to check the laboratory in the area of Community Health Center. Parking facilities and toilets for service users were complained by users
m. Service flow was generally known by service users, and service personnel had implemented service flow in providing services to users

n. Complaints/Suggestion boxes in general did not work well, in which 91.7 % of service users had never used the suggestion box complaint service. There was a finding that service users who complained through the suggestion box, 66.7% did not get a response to the complaint.

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