

*Research Article*

# Public Service Innovations as Manifestations of Procedural Rights in the Fulfilment of the Right to Health in Indonesia: A Case Study of Banyuwangi and Aceh Singkil

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**Abstract:** This article explores the manifestations of procedural rights in the form of public service innovations, which facilitate the realisation of the right to health in Indonesia. In addition to conducting a theoretical examination of human rights, procedural rights, and public services, primary data is gathered in two specific locations within Indonesia. The findings suggest that the introduction of innovative public services has a positive impact on the provision of procedural rights, specifically in the context of healthcare services. This, in turn, contributes to the overall realisation of the fundamental right to health. Public service innovation is an essential component in upholding procedural rights, as it ensures certainty and fulfils the community's entitlement to health.

**Keyword:** Public Service Innovation, Procedural Rights, Right to Health

## 1 Introduction

The realisation of human rights is intricately interconnected with the provision of public services. Grounded in the principle that all individuals, regardless of their citizenship or residency status, possess equal entitlements to fundamental human rights, it is incumbent upon public services to undertake the responsibility of safeguarding and promoting the realisation of these rights. In the present context, the adequate implementation of public services is necessary to ensure the fulfilment of these rights.

One of the fundamental human rights recognised is the "right to health," which encompasses the entitlement to an attainable standard of health [1]. The acknowledgment of health as a fundamental human right has been incorporated into numerous international legal instruments within the global community. For instance, the Universal Declaration of Human Rights (UDHR) established by the United Nations in 1948, the Constitution of the World Health Organisation WHO [2], the International Covenant on Economic, Social and Cultural Rights (ICESCR) established by the United Nations in 1946, and the Cairo Declaration on Human Rights in Islam [3].

The recognition of health as a fundamental human right is enshrined in the constitution of Indonesia. The inclusion of the provision occurred within the framework of the Second Amendment to the 1945 Constitution of the Republic of Indonesia in the year 2000. In the amendment, Article 28H paragraph (1) of the Constitution stated that, "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and have the right to obtain health services." The article substantiated that the constitutional guarantee of the right to

health, particularly access to health services, would be ensured. Furthermore, the constitutional regulation of the right to health signifies its status as a fundamental and paramount entitlement.

However, the right to health extends beyond the constitutional rights explicitly mentioned. The perception of health and the entitlement to health in Indonesia is not limited to an individual's personal concern but rather encompasses a right that necessitates fulfilment and assurance by the government.

The fulfilment of the right to health, coupled with the assurance of guarantee, imposes a responsibility on the state to offer specific measures aimed at securing the realisation of this right. In addition, the right to health encompasses the provision of adequate healthcare services to the community. Consequently, the realisation of the right to health necessitates the prior fulfilment of the right to appropriate healthcare interventions.

Public services, specifically health services, serve as a mechanism for the realisation of this fundamental human entitlement. These activities are characterised by their continuous nature, which establishes a strong connection with the evolution of community expectations and requirements. In essence, the provision of public services will invariably intersect with the expectations and needs of the community, potentially leading to instances of dissatisfaction and public complaints that cannot be entirely avoided. Hence, in tandem with the emergence of a progressively discerning societal mentality, it is unsurprising that the calibre of public services is frequently assessed as deficient, feeble, or substandard.

In response to the aforementioned circumstances, the

Indonesian government has initiated the "One Agency, One Innovation" policy, under the auspices of the Ministry of Administrative Reform and Bureaucratic Reform. The primary objective of this policy is to expedite the enhancement of public service quality within the country. As a result, the implementation of this policy has fostered the advancement of health services through the promotion of innovation in the context of fulfilling the right to health.

In light of this matter, a thought-provoking inquiry emerges: To what extent do public service innovations serve as tangible expressions of procedural rights in the realisation of human rights, specifically pertaining to the right to health? This paper aims to explore health service innovations in Banyuwangi Regency and Aceh Singkil Regency, located in Indonesia. The selection of the Banyuwangi Regency was based on its notable performance in the public service innovation competition organised by the Indonesian Ministry of Administrative Reform and Bureaucratic Reform. The selection of Aceh Singkil Regency was based on its achievement of an international accolade for its innovative health services, specifically the UN Public Service Award (UNPSA).

## 2 Method

The research method employed in this study is an analytical and descriptive approach within the socio-legal framework. Consequently, this research incorporates primary data sources in order to enhance its contextual understanding, encompassing a range of pertinent aspects required to address our research inquiry [4]. The study involves the gathering of primary and secondary data through the utilisation of interviews and observations conducted at community health centres (Pusat Kesehatan Masyarakat-Puskesmas) located in Banyuwangi Regency and Aceh Singkil Regency. Additionally, a comprehensive review of relevant literature is conducted.

## 3 Theoretical Review

### 3.1 Right to Health and Procedural Rights

Vasak [5] proposed a categorization of the evolution of the human rights concept into three distinct stages or generations. There are three distinct generations of rights that can be identified. The first generation pertains to civil and political rights; the second generation encompasses economic, social, and cultural rights; and the third generation focuses on the right to solidarity. The initial phase of characterization revolves around the aspiration to liberate oneself from specific limitations. The second stage primarily revolves around the assertion of fundamental social rights, also known as "de sociale grondrechten" [6]. The third generation of human rights pertains to the conceptualization of human rights in relation to the advancement of communal well-being, commonly referred to as "solidarity rights" [6].

The inclusion of the right to health is frequently observed within the second and third stages when considering the three generations. The linkage between the right to health and individual health encompasses economic, social, and cultural rights. If the matter pertains to "public health," it falls within the

purview of the right to development. This is in line with Muladi's [7] opinion that the third generation of human rights includes, among others, "the right to development; right to peace; and the right to healthy and balanced environment."

The emergence of the right to health can be traced back to the industrial revolution in England, a period characterised by the societal division between businessmen and workers [8]. There existed a significant disparity in economic conditions between the aforementioned groups, resulting in the workers frequently residing in impoverished urban areas characterised by substandard sanitation facilities [8]. Consequently, the emergence of infectious diseases, commonly referred to as epidemics, had a detrimental impact on the overall well-being of both the labour force and the business community [8]. As a result, the British government implemented a policy known as the Sanitary Revolution. Subsequently, health has been acknowledged as a human right.<sup>1</sup> One possible way to rewrite the user's text to be more academic is: Additionally, this circumstance played a significant role in the expeditious advancement of medical and health sciences, encompassing the revelation of the germ theory of disease.<sup>2</sup>

The recognition of health as a fundamental human right has been subsequently affirmed through its inclusion in various international legal instruments. In the year 1948, two significant international instruments were established, namely the Universal Declaration of Human Rights (UDHR) and the World Health Organisation (WHO) Constitution. These instruments collectively recognised health as a fundamental human right. Although not referenced directly as "health is a human right," Article 25 point 1 of the UDHR states that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care..." In the WHO's constitution, recognition of health as a human right was established explicitly in its preamble, stating that, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

In the mid-1960s, the ICESCR established<sup>3</sup> in Article 12, paragraph (1), "...the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Three years later, the Convention on the Elimination of All Forms of Discrimination Against Women (UN [CEDAW])<sup>4</sup> mentioned that the state must guarantee women's, "Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning,"<sup>5</sup> and, "Access to health care services, including those related to family planning."<sup>6</sup> Two years later, the International Convention on the Elimination of All Forms of Racial Discrimination (UN [ICERD])<sup>7</sup> mentioned that, "States Parties undertake to . eliminate racial discrimination. and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, the right to public health, medical care, social security, and social services."<sup>8</sup>

Furthermore, in 1989, the UN Convention on the Rights of the Child (UNCRC)<sup>9</sup> recognized, "The right of the child to the enjoyment

<sup>1</sup> The fulfillment of the right to health as a second-generation human right is focused on disease prevention efforts, such as the provision of clean water, sanitation, drainage, and the provision of medicine [42].

<sup>2</sup> "The germ theory of disease" is the science of the spread of disease (epidemic) by a kind of virus, bacteria, or other microorganism [43].

<sup>3</sup> This was ratified by Law no. 11 of 2005 concerning the Ratification of the International Covenant on Economic, Social and Cultural Rights.

<sup>4</sup> This was ratified by Law no. 7 of 1984 concerning Ratification of the Convention on the Elimination of All Forms of Discrimination Against Women.

<sup>5</sup> Ibid. Article 10.

<sup>6</sup> Ibid. Article 12 paragraph (1) and Article 14 paragraph (2).

<sup>7</sup> This was ratified by Law no. 29 of 1999 concerning Ratification of the International Convention on the Elimination of All Forms of Racial Discrimination 1965.

<sup>8</sup> Ibid. Article 5.

<sup>9</sup> This was ratified by Presidential Decree no. 36 of 1990 concerning Ratification of the Convention on the Rights of the Child.

of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health....”<sup>10</sup> Subsequently, in 1990, the Cairo Declaration on Human Rights in Islam (CDHRI) was published, which stated that, “Everyone shall have the right to live in a clean environment...;” “Everyone shall have the right to medical and social care...;” and, “The States shall ensure the right of the individual to a decent living that may enable him to meet his requirements and those of his dependents, including food, clothing, housing, education, medical care, and all other basic needs.”<sup>11</sup>

The acknowledgment of the right to health has emphasised its status as a fundamental and substantial human right [9]. Nevertheless, the realisation of substantive rights cannot be dissociated from the elements of procedural rights that guarantee the achievement of these rights [10]. Procedural rights are tools that aim to provide the highest level of support for substantive rights [11]. The primary purpose of these entities is to safeguard the dignity and entitlements of every individual against capricious or cruel conduct perpetrated by governmental authorities [12].

Gregory and Giddings [9] assert that procedural rights are distinct from substantive rights. This perspective is less widely embraced due to the prevailing consensus among experts that procedural rights function as mechanisms that uphold and actualize substantive rights [13]. From this particular standpoint, the achievement of procedural rights cannot be disentangled from the achievement of substantive rights. Furthermore, procedural rights are universally regarded as obligatory for all individuals [14].

Procedural rights can be categorised into two distinct groups, as identified by Gregory and Giddings in their study conducted in 2001. Firstly, the topic under consideration pertains to the right to good administration. This pertains to the entitlement to receive equitable services and just and rational treatment from governmental authorities, particularly in relation to the realisation of substantive rights. Furthermore, individuals possess the entitlement to lodge complaints or objections, commonly referred to as the right to complain. Additionally, they have the right to be granted an audience and the right to obtain redress in the event of suffering losses as a result of governmental actions (the right to corrective action).

According to Talmon [15], there exists a challenge in academically discerning the distinction between human rights and fulfilment procedures, leading to a predicament in reconciling the two. This implies that the concepts of human rights and procedures are inherently interconnected and cannot be readily disentangled.

Procedural rights, which are a component of human rights, serve as a catalyst for the integration of public services into the mainstream, as they are closely linked to the state's responsibility in fulfilling its obligations [16]. Hence, the fulfilment of procedural rights via appropriate procedures is of utmost importance in the realisation of substantive rights, thereby constituting a fundamental element of public service [17].

### *3.2 Public Service in the Welfare State*

In the Meriam Webster dictionary, public service is defined as, “a service rendered in the public interest,” [18] and in the Cambridge dictionary, “a service provided by the government (such as

hospitals, schools, or the police).” [19] In the Great Indonesian Dictionary (Kamus Besar Bahasa Indonesia [KBBI]), it is defined as, “the process, the way of serving the people (general).” [20] As such, public services are tied to the procedures used to carry out these services.

Within the context of public administration history, public services can be defined as services that are exclusively provided by the government. All goods and services organized by the government are then referred to as public services, as, “Whatever government does is public service.” In conventional terms, public services encompass the domains of education, healthcare, law enforcement, and national security. This phenomenon can encompass various aspects such as social housing, income, as well as community and family services [21].

Additionally, it is important to note that the state no longer serves as the sole provider of public services. Non-governmental institutions have the potential to assume the role of public service providers by engaging in public service delivery [22]. Public service refers to the act of delivering goods or services to the community, either by the government, the private sector acting on behalf of the government, or the private sector itself. These provisions may be funded or provided free of charge and are intended to address the needs and interests of the community [23].

A public service is classified as such when the state assumes responsibility for its implementation, irrespective of whether the state directly executes the service or engages non-governmental institutions in its provision. Public services encompass a range of provisions aimed at fulfilling the requirements of the general welfare, fundamental necessities and entitlements, governmental and state responsibilities, and national obligations. Several key characteristics can be attributed to public services. 1) The categorization of goods and services as public, semi-public, or with externalities 2) The shared risk associated with the implementation failure of these goods and services, particularly due to the involvement of multiple individuals. 3) The significant and direct impact of these goods and services on the attainment of a nation's objectives and aspirations 4) The funding of these goods and services is primarily derived from the state budget or government subsidies. 5) The responsibility for the provision and management of these goods and services lies with the state [22].

Public service, as a duty of the state, upholds the entitlement of every individual, thereby necessitating the state's commitment to enhancing the well-being of its populace [23]. This is consistent with the concept of the welfare state that emerged in the post-World War II era, coinciding with the occurrence of the “baby boom” phenomenon<sup>12</sup> in Europe and the United States. The aforementioned circumstances compelled the British government to confront five significant challenges, specifically the issue of hunger (human deprivation), lack of knowledge, prevalence of infectious diseases (pandemics), disorder (squalor), and unemployment (idleness). In the United States, the Fair Deal Policy, introduced by President Truman, sought to safeguard the interests of workers and war veterans by implementing various measures<sup>13</sup> such as job training, raising the minimum wage, providing severance pay, offering housing loans, ensuring health insurance coverage, and reducing taxes, among other initiatives.<sup>14</sup>

It is widely acknowledged that the state bears the responsibility

<sup>10</sup> Ibid. Article 24.

<sup>11</sup> Ibid. Article 17 points (a), (b), and (c).

<sup>12</sup> In Britain, there was an extraordinary surge in population due to the birth of a large number of babies almost simultaneously to families of soldiers who returned from the battlefield.

<sup>13</sup> See Truman's State of the Union addresses to the US Congress, 1946, 1947, 1948. Accessed from United States History, US Department of State, <http://countrystudies.us/united-states/history-115.htm>.

<sup>14</sup> Although the program faced stiff opposition from some, particularly the Republican Party that controlled Congress, Truman was re-elected in 1948 for a second term. Accessed from United States History, US Department of State, <http://countrystudies.us/united-states/history-115.htm>.

of guaranteeing a basic level of living conditions for all individuals within its jurisdiction [24]. The fundamental concept underlying the welfare state is its duty and commitment to achieve and ensure public welfare (social justice). The existing body of scholarly literature on the welfare state posits that the government assumes the obligations and mandates associated with the provision of public services, which are carried out by civil servants. These civil servants are responsible for ensuring the effective delivery of services that safeguard and uphold the rights of the general public. This encompasses not solely civil and political rights but also economic, social, and cultural rights. Due to this rationale, the government assumes not only the role of law enforcement or a nocturnal guardian but also that of a commercial entity responsible for overseeing all available resources within the nation for the betterment of its citizens. Therefore, the entitlement to healthcare is an integral component of these provisions, thus constituting an obligation of the welfare state [25].

#### 4 Indonesia Background

The founding fathers of the Republic of Indonesia consciously established a welfare state or, in Muhammad Hatta's terms, the "management state" or "negara pengurus" (Sekretariat Negara 1988). This is stated in the preamble to its 1945 Constitution, namely, "To form an Indonesian State Government that protects the entire Indonesian nation and all of Indonesia's bloodshed and to promote public welfare, educate the nation's life, and participate in carrying out world order."<sup>15</sup> As a country, Indonesia recognizes its role as a provider of public services (social service state or sociale rechtstaat) [26].

In terms of the right to health, the state's commitment to being a "servant" is embedded in the provisions of Article 34 paragraph (3) of the 1945 Constitution, which states that, "The state is responsible for providing adequate health care facilities and public facilities." This is in line with the provisions of Article 28H paragraph (1), which guarantees that, "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy environment and have the right to health services."

From the two provisions, two rights and two obligations arise: first, "the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment," along with the state's responsibilities to provide "proper public facilities;" second, the "right to obtain health services" goes hand in hand with the state's responsibilities to provide "proper health care facilities." Thus, while these two rights and obligations are fundamentally similar in their connection to the right to healthcare, our analysis focuses on the entitlement to access healthcare services and the responsibility to deliver high-quality healthcare services.

Based on the preceding discourse, it is imperative for the state to ensure the provision of sufficient healthcare facilities to cater to the entirety of the population. However, with regards to the provisions outlined in the constitution, the responsibility to uphold the right to health extends beyond the mere provision of adequate services in terms of quantity. It also encompasses the provision of services that are effective in terms of quality. The significance of this matter lies in the fact that, as previously mentioned, public services encompass the realisation of procedural rights, which in turn determines the realisation of substantive rights. This implies that the provision of health services necessitates appropriate protocols, encompassing

both their quantity and quality, as the adequacy of these protocols will determine the extent to which these rights are upheld by the government.

With respect to the constitution and within the context of human rights, it is imperative for the state to prioritise the provision of high-quality healthcare services while ensuring equal consideration for the right to healthcare. The inclusion of procedural rights within the realm of human rights is acknowledged by the constitution, as evidenced by the provisions outlined in Article 28I (4) and (5). These provisions are situated within a dedicated chapter specifically addressing human rights. The Article reads as follows.

#### Article 28I

*(4) The protection, promotion, enforcement, and fulfilment of human rights are the state's responsibility, especially the government.*

*(5) In order to uphold and protect human rights in accordance with the principles of a democratic rule of law, the implementation of human rights is guaranteed, regulated, and outlined in laws and regulations.*

According to the constitutional provisions outlined in Article 28I (4) and (5), the state is constitutionally mandated to fulfil its responsibility of establishing legal mechanisms that guarantee the equitable enjoyment of human rights. In this context, the term "state" refers to the government. Hence, the responsibility of the state to establish mechanisms for upholding these fundamental human rights can be construed as the incorporation of effective procedures within the framework of human rights obligations in Indonesia.

The design of procedural rights in Indonesia plays a crucial role in ensuring the realisation of fundamental human rights. The design necessitates the state establishing a cohesive framework and offering effective protocols that enable the community to effectively implement and realise the rights of its citizens. This encompasses the entitlement to healthcare services that adhere to appropriate medical protocols. Aligned with the ideology of the welfare state, it is incumbent upon state actors to fulfil their responsibility and duty in discerning appropriate protocols for healthcare services, as state institutions also operate as public entities (comprising public servants) at both the national and local levels. The initiation and implementation of the Public Service Innovation Competition in Indonesia serve as a reflection of the state's commitment to the development of appropriate procedures (*Kompetisi Inovasi Pelayanan Publik-KIPP*). The competition was initiated in 2014 with the introduction of Regulation No. 30 of 2014 by the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia. This regulation provides guidelines for the promotion of public service innovation.

The competition has effectively fostered substantial innovation in the realm of public service. The significance of this phenomenon is evident in the annual increase in the number of registered innovations. In the year 2014, a total of 515 innovations were officially registered. Following this, the subsequent years from 2015 to 2020 witnessed an increasing trend in the number of registered innovations, with figures of 1,189, 2,476, 3,054, 2,824, 3,156, and 3,059, respectively [27]. The number 19 As of the year 2021, a total of 1,609 proposals have successfully undergone administrative selection.<sup>16</sup> Furthermore, the competition not only serves to encourage the development of a greater number of public service

<sup>15</sup> Fourth paragraph of the Preamble to the 1945 Constitution of the Republic of Indonesia.

<sup>16</sup> Announcement No: B/112/PP.00.05/2021 concerning Top Finalists for Public Service Innovation Competitions for Public Service Innovations in

Ministries/Agencies, Regional Governments, State-Owned Enterprises, and Regional-Owned Enterprises in 2021. <https://drive.google.com/drive/folders/1wco222iJ0o-QS07L5qYXaBKHfIP3k6Sz>.

innovations but also aims to enhance the quality of current public services. The categorization of the innovation criteria into three distinct groups can be observed, namely a general group, a replication group, and a special group.<sup>17</sup>

The gravity of the state is also evident in its recognition and commendation of the chosen public service innovations. The recipients of the top innovation awards are honoured with a certificate presented by the Minister of Administrative Reform and Bureaucratic Reform. Additionally, they are granted the privilege of engaging in capacity-building activities, which are organised or facilitated by the government, with the aim of enhancing the effectiveness of public services. Subsequently, these innovations are compiled and disseminated in a publication titled "Top Public Service Innovation." Furthermore, it is worth noting that trophies are awarded to the most notable innovations within each respective group. This is particularly true for innovations that originate from regional governments, as they have the potential to secure regional incentive funds, known as Dana Insentif Daerah (DID), from the Ministry of Finance in accordance with relevant legislative provisions.<sup>18</sup>

The Indonesian government's commitment to enhancing public services through competition is indicative of its objective to uphold procedural rights and demonstrates its responsibility to ultimately uphold, safeguard, and fulfil substantive human rights. Healthcare, being one of the categories, is consistently featured as a theme in the annual public service innovation competition.

## 5 Discussion: Banyuwangi dan Aceh Singkil Case Studies

In order to address our research inquiry, which pertains to the role of public service innovations as expressions of procedural rights, specifically in the context of fulfilling the right to healthcare. In this exposition, we elucidate the manner in which service innovations effectively uphold procedural rights and subsequently examine the impact of such procedural rights on the realisation of the right to healthcare. In pursuit of this objective, we shall undertake an examination of the classification of procedural rights as well as elucidate the fundamental constituents of the right to health.

Procedural rights, delineated in the preceding section, can be delineated into two distinct categories: 1. the entitlement to effective administration, and 2. the entitlement to express grievances, be accorded a fair hearing, and receive redress. At an initial glance, this classification may appear to be primarily cantered on administrative processes, such as those governing registration or the submission of complaints. Nevertheless, we contend that a more comprehensive assessment of procedural rights is warranted, one that encompasses service standards as well. Consequently, the manner in which service innovation upholds procedural rights necessitates an examination from the perspective of both service processes and service standards.

The fundamental essence of the right to health is articulated within the documentation of the International Conference on Primary Health Care, which convened in Alma-Ata, USSR, in September 1978. The conference concluded that primary health care should include at least: education

concerning prevailing health problems and the methods of identifying, preventing, and controlling them; promotion of food supply and proper nutrition; maternal and child health care, including family planning; immunization against major infectious disease; prevention and control of locally endemic diseases; appropriate treatment of common disease and injuries; promotion of mental health; and provision of essential drugs. Within the provided list, the components of the right to health can be generally categorized into two groups: those pertaining to healthcare (encompassing both curative and preventive measures) and those associated with prerequisites that bolster health, such as health education and the promotion of nutritional well-being.

To offer a more distinct perspective on how public service innovation embodies procedural rights in the realization of the right to health, our examination centres on healthcare service innovations in two specific regions: Banyuwangi Regency and Aceh Singkil Regency. Banyuwangi Regency was selected due to its prominence as a leading participant in the public service innovation competition organized by the Ministry of Administrative Reform and Bureaucratic Reform. Additionally, Aceh Singkil Regency was chosen because one of its health service innovations received recognition and accolades at an international event, specifically the UNPSA event.

Broadly speaking, the healthcare service innovations implemented in both the Banyuwangi Regency and Aceh Singkil Regency have exhibited a holistic and interconnected approach, offering a sustainable framework encompassing maintenance, enhancement (promotive), prevention (preventive), treatment (curative), and rehabilitation (recovery). The subsequent sections will delve into the specifics of these innovations on a case-by-case basis.

### 5.1 Banyuwangi Regency Case

The Banyuwangi Regency's geographical locale has consistently maintained its position as one of the leading 99 participants in the competition from its inaugural year [28]. Moreover, during the year 2019, the governmental authorities of the Banyuwangi Regency garnered an impressive four accolades for **their** noteworthy contributions to public service innovation, with one of these distinctions specifically honouring their accomplishments within the domain of healthcare [29]. In the context of our research inquiry, our scrutiny is particularly directed toward the Sempu Community Health Centre, the subject of our case study, due to its commendable attainment of the highest number of public service innovation awards within the confines of the Banyuwangi Regency.

The Sempu Community Health Centre is situated within the confines of Sempu Village, which is part of the Sempu District, located in the Banyuwangi Regency. The community health centre provides healthcare services to three distinct villages, namely Sempu Village, Tegal Arum Village, and Jambewangi Village. Several health service innovation policies have been implemented. The health service innovations implemented at the Sempu Community Health Centre encompass various categories of public sector innovation, as proposed by Windrum [30]. These categories include innovations in service, service delivery, administration, and

<sup>17</sup> Decree of the Minister of Administrative Reform and Bureaucracy Reform No. 161 of 2021 concerning Guidelines for Implementing Public Service Innovation Competitions within Ministries/Agencies, Regional Governments, State-Owned Enterprises, and Regional-Owned Enterprises in 2021.

[https://sinovik.menpan.go.id/uploads/unduh/KepmenPANRB\\_No\\_161\\_tentang\\_Petunjuk\\_Pelaksanaan\\_KIPP\\_2021.pdf](https://sinovik.menpan.go.id/uploads/unduh/KepmenPANRB_No_161_tentang_Petunjuk_Pelaksanaan_KIPP_2021.pdf)

<sup>18</sup> Ibid.

health concepts. The centre's Shelter House programme exemplifies service innovations by offering facilities to pregnant women at high risk of complications, residing in geographically [31] remote areas, who are nearing childbirth [31]. One example of service delivery innovations is the After Hospitalisation Visit Home (Pasca rawat inap kunjung ning omah–Parikuning) programme [32]. This programme offers follow-up services to elderly patients following their hospitalisation by conducting home visits [32]. One instance of an administrative innovation is the Healthy People Mall (Mall Orang Sehat) initiative, designed to advance public health and disease prevention, consequently diminishing the demand for outpatient assistance [33].

An example of an innovative concept is the Pemburu Bumil Risti program, an acronym for "Pemburu Ibu Hamil Risiko Tinggi" (high-risk pregnant women hunter) [34]. The objective of this programme is to ascertain the identification of pregnant individuals and subsequently categorise them into high- or low-risk groups [35]. The programme known as "Pemburu Bumil Risti" establishes a partnership with "mlijo" (mobile vegetable vendors) to facilitate the timely reporting of data on pregnant women at high risk. This is achieved through the use of a user-friendly smartphone application. The dataset comprises photographs of residential properties as well as the personal information of women exhibiting symptoms indicative of high-risk pregnancies. The data provided by Mlijo serves as a valuable resource for the health centre in facilitating support for pregnant women who are at a heightened risk of complications [35].

The innovations implemented at the Sempu Community Health Centre align with the elements pertaining to the preconditions for promoting health and healthcare within the framework of the right to health. The category of health support for preconditions encompasses the Fighting HIV/AIDS (Jihad melawan HIV/AIDS - Jimad) programmes. Additional healthcare programmes that can be included in this category are the "Parikuning" and the Candidates of Hope Insan Inhabiting Heaven (Calon Harapan Insan Penghuni Surga - CHIPS) initiatives.

Gregory and Giddings [9] argue that the "CHIPS" programme presents an intriguing case for examining the two distinct categories of procedural rights. The CHIPS programme is an initiative that aims to enhance transportation accessibility for economically disadvantaged individuals, particularly those who are ill and lack personal vehicles, financial resources, or reside in substandard living conditions. In this programme, CHIPS officers and visiting doctors engage in daily travel to deliver health services to underserved populations, particularly those who are economically disadvantaged or elderly. These dedicated professionals are equipped with essential medical supplies, including medications, tensiometers, and various medical equipment [36].

This programme effectively upholds the principle of equitable health administration by ensuring that individuals with disabilities have fair and unbiased access to healthcare services. Furthermore, the CHIPS programme exemplifies the principle of providing redress by addressing the fundamental requirements of individuals who are unable to access services in a timely manner. The provision of basic needs serves as a form of reparation to the community in response to reports of delayed services rendered to individuals who are economically disadvantaged and in poor health.

In addition to the implemented programmes, the operational procedures within the health centre also

demonstrate a commitment to service innovation. The manifestation of the entitlement to proper administration is exemplified by the inclusion of legal service agreements that furnish details regarding the rights and responsibilities of patients, healthcare establishments, the various types of services offered by these establishments, the timetable for healthcare services, and the duration of patient engagement with the service (service response time), along with associated service fees. Furthermore, the principle of the right to good administration is also evident in the provision of affirmative action services for marginalised populations, including pregnant and lactating mothers, the elderly, and children.<sup>19</sup>

Moreover, the entitlement to express one's views and grievances is evident in the established protocols that encompass the reception of complaints, the verification and elucidation of requisite measures (investigations), remedial actions, and the reinstatement of patient rights. The compensation policy incorporates the right to corrective action in the event of patient complaints.<sup>20</sup> The aforementioned examples provide evidence that the health service innovations implemented at the Sempu Community Health Centre effectively align with the prevailing social values within the community.

## 5.2 The Aceh Singkil Regency Case

Despite the relatively limited number of health service innovations in the Aceh Singkil Regency, there is a notable health service innovation that has garnered international recognition. The programme entails a collaborative effort between traditional birth attendants and midwives, with the objective of mitigating child and maternal mortality rates during the process of childbirth. In this study, we analyse the Gunung Meriah Community Health Centre, as it emerged as one of the pioneering health centres to adopt the aforementioned programme.

The development of this programme was primarily driven by two factors. The prevailing practise in Aceh Singkil where women rely on traditional birth attendants (dukun beranak) during childbirth has fostered the belief that the presence of such attendants is essential for a successful birthing experience. Nevertheless, available data indicate that this practise has been a significant factor in the elevated incidence of maternal and infant mortality [37]. Furthermore, it is important to note that there continues to be a lack of public confidence in the role of midwives during the childbirth process, despite their possession of the necessary medical expertise to effectively manage such situations.<sup>21</sup>

The implementation of this collaborative initiative between traditional birth attendants and midwives has been facilitated by means of a memorandum of understanding (MoU). The Memorandum of Understanding (MoU) outlines the allocation of responsibilities between traditional birth attendants and village midwives in the following manner.<sup>22</sup>

1. Traditional birth attendants employ a psychological approach to support mothers during the birthing process, utilising techniques such as verbal communication and massage therapy to promote relaxation and alleviate physical discomfort experienced by the mother. In addition to providing assistance during childbirth, traditional birth attendants may also engage in ceremonial or traditional

<sup>19</sup> Results of observations and interviews.

<sup>20</sup> Results of observations and interviews.

<sup>21</sup> Results of observations and interviews.

<sup>22</sup> Results of observations and interviews.

practises. To clarify, the traditional birth attendant's role in the process of childbirth is primarily non-medical in nature. Traditional birth attendants are remunerated by the local government on a consistent basis while fulfilling their responsibilities.

2. The village midwife is responsible for the entire medical process, both in delivering the baby and handling the baby once born.

The Guidelines for Collaborative Partnerships between Midwives and Traditional Birth Attendants (Dukun) set forth by the Ministry of Health of the Republic of Indonesia are consistent with the information in the Memorandum of Understanding (MoU) [38]. The guideline delineates the respective responsibilities of midwives and traditional healers across three distinct phases: antenatal, intrapartum, and postnatal.

During the course of pregnancy, midwives perform a series of examinations on expectant women, administer appropriate medical interventions, offer guidance on matters pertaining to health and nutrition, facilitate referrals to specialised healthcare professionals, and ensure the meticulous documentation of relevant information. Simultaneously, the traditional birth attendant engages in the execution of health-promoting religious and traditional practices while also providing encouragement and support to expectant women. During the process of childbirth, the midwife undertakes the necessary preparations for the delivery environment and administers essential vitamins to the neonates. The traditional birth attendant is responsible for providing support and assistance to the mother throughout the process of childbirth. During the puerperium period, midwives are responsible for conducting neonatal visits and providing postpartum services, whereas traditional birth attendants are involved in performing religious or traditional rituals that promote the well-being of the mother and child [38].

The Memorandum of Understanding (MoU) and the collaborative partnership established between midwives and traditional birth attendants (TBAs) represent a noteworthy public service innovation aimed at addressing prevailing social values within the community. This accomplishment holds significant importance as it has the potential to enhance the implementation of community social values through the enhancement of public services [39]. The acceptance of these innovations by the community is more likely to occur through the recognition and adoption of community values. The successful implementation of the programme between midwives and traditional birth attendants is evident through the collaborative efforts in training and information exchange pertaining to pregnant women. The programme's effectiveness can be attributed to the shared commitment to providing assistance and the mutual support demonstrated, despite the presence of varying skill sets and ethnic backgrounds [40].

Moreover, within the framework of the right to health, the programme effectively satisfies components pertaining to healthcare provision and the promotion of necessary prerequisites. The fulfilment of various aspects of healthcare, such as examinations and interventions, is accomplished through the diligent efforts and expertise of midwives. In the context of promoting health, it is noteworthy that certain prerequisites are met through collaborative counselling sessions conducted by midwives and traditional birth

attendants.

The innovative partnership can be viewed through the lens of procedural rights, specifically as an embodiment of the right to good administration. Furthermore, the allocation of responsibilities within the partnership programme establishes a normative framework and ensures the provision of services in accordance with established medical protocols. Simultaneously, it offers safeguards to safeguard the well-being and security of both mothers and infants during the childbirth process. Also, the retention of traditional birth attendants, who possess substantial expertise in aiding childbirth, can offer solace to patients [41] in situations where midwives may lack comparable levels of experience in this regard. Undoubtedly, this phenomenon has a significant impact on the level of comfort experienced by patients throughout the delivery procedure.

In addition, the realisation of the right to good administration is evident not only through the innovative collaboration between traditional birth attendants and village midwives but also in the provision of primary healthcare services in the Aceh Singkil Regency. The Gunung Meriah Health Centre exemplifies the embodiment of the right to good administration through its provision of information on service standards and public service announcements. This serves as a testament to its dedication to delivering high-quality services to the general public. Furthermore, the provision of a suggestion box serves to address the entitlement to express one's opinions and register grievances. This mechanism is operational on a weekly basis, thereby affording the general public an avenue to voice their concerns.<sup>23</sup>

## 6 Conclusion

The fulfilment of the right to health is influenced by the provision of sufficient health services that adhere to procedural rights. In Indonesia, there is a concerted effort to ensure the fulfilment of procedural rights through the implementation of public service innovations. In the health sector specifically, these innovations manifest in various forms, such as service innovations, service delivery innovations, administrative innovations, and service concept innovations. Based on our empirical findings in Banyuwangi Regency and Aceh Singkil Regency, it is evident that the implementation of health service innovation programmes and the effective management of community health centres have resulted in the fulfilment of procedural rights. These rights encompass the entitlement to fair administrative procedures, the opportunity to voice concerns, the ability to lodge complaints, and access to appropriate remedial measures. The achievement of these additional factors contributes to the realisation of the substantive right to health, encompassing both aspects of healthcare and prerequisites. Public service innovation plays a crucial role in ensuring procedural rights by providing certainty and guaranteeing the fulfilment of the community's right to health.

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<sup>23</sup> Results of observations and interviews.

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