Policy Implementation of Mayor Regulation Number 21 of 2020 concerning the Implementation of an Integrated Public Safety Service Center in Padang, West Sumatera, Indonesia

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ABSTRACT

Background: Public service is an important element in improving the quality of life in the community. The government plays an important role in providing public services, especially in the emergency department. This study aims to analyze the implementation of the Padang mayor's regulation number 21 of 2020 regarding the implementation of an integrated safety service center in the city of Padang.

Subjects and Method: This was a descriptive qualitative study. The study was conducted in Padang, West Sumatera, Indonesia, from April 18 to May 31, 2022. The primary data were obtained directly through interviews with selected informants.

Results: The Policy Implications of the Padang Mayor's Regulation Number 21 of 2020 concerning the Implementation of an Integrated Safety Service Center (Public Safety Center) in the City of Padang is based on the Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2016 concerning the Integrated Emergency Management System. In its implementation, the Padang City Health Office still relies on health workers at the Puskesmas because PSC 119 does not yet have its own special team or officers. The Padang City Health Office has not officially disseminated to the public and has not officially collaborated with external parties.

Conclusion: The policy of Padang Mayor Regulation Number 21 of 2020 as a whole is the authority and responsibility of the Padang City Health Office. The Padang City Health Office has not officially disseminated to the public and has not officially collaborated with external parties. In its implementation, the Padang City Health Office still relies on health workers at the Puskesmas because PSC 119 does not yet have its own special team or officers.

Keywords: Policy Implementation, PSC 119, Integrated Service Center.

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BACKGROUND

Health is an indicator of national welfare and is a human right. Every activity in an effort to maintain and improve the health status of the community as high as possible. It is carried out based on non-discriminatory, participatory and sustainable principles in the context of the formation of Indonesian human resources, as well as increasing the nation’s resilience and competitiveness for national development (President of the Republic of Indonesia, 2009). Public service is an important element in improving the quality of life in the community.
In this case, the government plays an important role in providing public services, especially in the emergency sector (President of the Republic of Indonesia, 2009). Public services can be defined as a series of activities carried out by the public bureaucracy to meet the needs of citizens who need public services (Khariza, 2016). Based on the Presidential Instruction of the Republic of Indonesia Number 4 of 2013 concerning the Decade of Road Safety Action program for pillar V, the Minister of Health is responsible for improving pre-accident handling including promotion and improvement of driver health in special circumstances or situations and post-accident handling with the Integrated Emergency Management System (SPGDT).

In order to support the implementation of the SPGDT, the government established the National Command Center which operates in the central government and the Integrated Safety Service Center (Public Safety Center) which operates within the scope of the regional government (President of the Republic of Indonesia, 2013). In the context of governance, especially in the health sector, there are 3 roles of the government, namely as a regulator, as a funder and as an implementer of activities.

One of the proofs that the Padang City Government cares about the health of its people is the issuance of Padang Mayor Regulation Number 21 of 2020 concerning the Implementation of an Integrated Public Safety Service Center in the City of Padang. With the application of cross-sectoral cooperation in the implementation of the Integrated Emergency Management System, especially the city of Padang, it will facilitate the handling of problems and optimize the overall service. A well-integrated cooperation will increase effectiveness in achieving the objectives of the government program, namely realizing prosperity and security for all Indonesian people. This study aims to analyze the implementation of the Padang mayoral regulation number 21 of 2020 regarding the implementation of an integrated safety service center in the city of Padang.

### SUBJECTS AND METHOD

1. **Study Design**
   The type of research used is descriptive qualitative research method. This study will analyze the implementation of the Mayor's Regulation Policy No. 21 of 2020 concerning the Implementation of an Integrated Safety Service Center in the City of Padang, then it will also examine what obstacles are faced by the Padang city government in responding to the policy.

2. **Place and Time of the Study**
   The study was conducted in Padang, West Sumatera, Indonesia, from April 18 to May 31, 2022.

3. **Population and Sample**
   In obtaining primary data, interviews were conducted by purposive sampling, namely the sample was selected based on the considerations of the researcher. Primary data were obtained directly from selected informants who were interviewed. Respondents in this study amounted to 6 respondents. The selection of respondents is determined in accordance with the contents of the Mayor's Regulation Policy Number 21 of 2020. Secondary data is obtained from files
or archives related to the implementation of the Mayor’s Regulation Number 21 of 2020 regarding the Implementation of an Integrated Safety Service Center in Padang.

4. Informan of the Data
Sources of data search came from various agencies/institutions/organizations/other information and documentation centers that have the capacity to provide these materials, namely the Padang City Health Office as the official technically authorized to deal with SPGDT (Integrated Emergency Management System) issues.

5. Data Collection Procedure
Data collection techniques from qualitative research are observation, interviews and document analysis (Fadli, 2021). In obtaining data related to the problems to be studied, researchers use data collection tools, including:
1) Direct Interview
Data collection through direct interview. Author conduct interviews by holding direct questions and answers with respondents or resource persons who are considered competent on the problems to be studied. In conducting in-depth interviews, the instrument used is a list of referenced or open-ended questions (interview guide).
2) Literature Study
The data were obtained from written information regarding data related to the Mayor’s Regulation Number 21 of 2020. Written documents and archives are data sources that often have an important position in qualitative research.

6. Validity of the Data
The validity of the data used in this study are credibility, transferability, dependability, and confirmability (Satori, 2020).

7. Data Analysis
The qualitative analysis model used is interactive analysis. Interactive analysis is analysis based on three components which include data collection, reduction in data presentation and drawing conclusions or verification using a cyclical process.

RESULTS
1. Overview of Padang City
Padang City is the capital and center of higher education in West Sumatra Province. The geographical area of Padang City is 51.01% in the form of protected forest, 7.35% consists of buildings and yards, and the rest is agricultural land and settlements. Administratively, the city of Padang has eleven sub-districts and 104 urban villages. Based on data published by the Padang City government, the population of Padang City in 2020 is 909,040 people, consisting of 27,408 people in Bungus Teluk Kabung sub-district, 57,489 people in Lubuk Kilangan sub-district, 122,593 people in Lubuk Belalung sub-district, 60,996 people in Padang sub-district. 77,755 people in East Padang sub-district, 42,957 people in West Padang sub-district, 55,171 people in North Padang sub-district, 58,535 people in Nanggalo sub-district, 146,111 people in Kuranji sub-district, 62,228 people in Pauh sub-district and 197,797 people in Koto Tangah sub-district (Pemko Padang, 2021).

2. Implementation of Mayor Regulation No. 21 of 2020 concerning the Implementation of the Padang City Public Safety Center
In this study, the researcher uses the theory of George C. Edward III, which is a theory that aims to determine the direct and indirect impact on a policy implementation. Based on the results of interviews obtained the following data:
1) Bureaucratic Structure
Mrs. dr. Melinda Wilma, MPPM as Secretary of the Padang City Health Office said: “Public Safety Center 119 in Padang City is an activity carried out by the Health Office, under the supervision of the health service sector and is included in the referral section
for primary health services. In its implementation, the Department of Health is assisted by the Puskesmas. Since the issuance of Mayor Regulation Number 21 of 2020 concerning the Implementation of the Padang City Public Safety Center, the implementation of PSC 119 in Padang City is still in the stage of improvement and evaluation every month. In making decisions, the Health Office has delegated all forms of decision making on conditions in the field to officers on duty”.

Mrs. dr. Dessy M. Siddik as the Head of Health Services at the Padang City Health Service also revealed that: “The policy regarding Public Safety Center 119 in Padang City is an activity carried out by the Health Service, under the supervision of the health service sector. In the process of implementing the Padang Mayor's Regulation Policy Number 21 of 2020, the Padang City Health Office as the agency responsible for its implementation is still in the preparation process and has not been running as it should. The health office is still in the process of preparing and evaluating the implementation of the policy program. In the division of authority and responsibility, the Health Office cooperates with the health center, because PSC does not yet have its own agency or unit. Complete decision making has been delegated to officers in the field. However, it is still under the supervision of the Health Service, after taking action the doctor or official in charge is obliged to report all incidents directly via WhatsApp. There has been formed a group consisting of health workers, the Health Center and the Health Office”.

2) Communication
Mrs. dr. Citra Septiyenri Syahnur as Head of the Section for Basic Health Services and Referrals of the Padang City Health Office revealed that: “Socialization has not been carried out officially by the Health Office or you could say we have not officially launched this policy because there are still many obstacles and obstacles. However, PSC 119 can already be used if the community is in an emergency condition. The biggest obstacle is the lack of human resources and our system is not optimal, I'm afraid that when we launch in the current conditions, it will run out and become not optimal. Our suggestions and infrastructure are also not standard enough. So far, the Health Service has only collaborated with the Hospital in Padang City, while with external parties such as the Police, BNPB, Firefighters and DISHUB, the Health Service is still in the negotiation stage”.

Mr. dr. Muhammad Fardhan as the Head of the Pauh Health Center, said that: “In the process of implementing PSC 119 services so far, the community has only received socialization or received information about PSC 119 from the Puskesmas. The Puskesmas did socialization in the waiting room of the Puskesmas. The information conveyed in the socialization is that the public can call 119 if it is in an emergency situation which will later be guided by a call center officer to provide first aid when health workers have not arrived at the scene and after officers arrive at the scene, the officer will immediately take rescue action required. The Puskesmas has not been able to carry out official socialization because they have not received official directions from the Health Office.”

3) Resources
Mrs. dr. Melinda Wilma, MPPM as Secretary of the Padang City Health Office said: “In implementing this policy, the Health Office still relies on existing civil servants and several volunteers. The Health Office has not been able to recruit new officers due to budget issues and is still in the process of proposing to the Mayor. The Health Office still relies heavily on Puskesmas officers who
we train and provide special emergency training such as BTCL or PPGD. The budget for implementing PSC 119, the Health Office uses a budget that comes from the Padang City Regional Budget. For that budget, if you say it's not enough, it's not enough, but we'll just suffice it.”

Mrs. drg. Riny Zulfianty as the Head of the Ikur Koto Health Center said that: “PSC 119 at Ikur Koto Health Center is under the supervision of the UKP Service which is integrated with P3 and Disaster. In practice, all nurses and doctors at the Ikur Koto Health Center are PSC 119 officers, there is no special team for PSC 119 at the Ikur Koto Health Center. Since the beginning of the issuance of the Mayor's Regulation Number 21 of 2020, the PSC 119 Puskesmas Ikur Koto Team has still used the Puskesmas budget, so far for PSC 119 we have been fooling around, so we use a little of the budget for puskesmas activities so that in the process all activities can be implemented”.

4) Disposition/Attitude of Executor
Mrs. drg. Riny Zulfianty as the Head of the Ikur Koto Health Center revealed that: “PSC 119 at Ikur Koto Health Center is under the supervision of the UKP Service which is integrated with P3 and Disaster. In practice, all nurses and doctors at the Ikur Koto Health Center are PSC 119 officers, there is no special team for PSC 119 at the Ikur Koto Health Center. The Ikur Koto Health Center is responsible for any emergency incidents in the Ikur Koto area during the operating hours of the Puskesmas, beyond that it is the responsibility of the officers who have been regulated by PSC 119 at the Health Office. Since the beginning of the issuance of the Mayor's Regulation Number 21 of 2020, the PSC Team 119 of the Ikur Koto Health Center has had several emergency incidents in the community, the officers are ready for all emergency conditions in the field, because the officers have been given training by the Health Service previously. The supervision and control for PSC 119 goes directly to the Health Office because the concept of PSC 119 is indeed a program from the Health Office, so the Puskesmas only helps in its implementation because the Health Office does not yet have health workers or special officers for PSC 119. There are no significant obstacles so far, but I hope that the Health Office can form a special unit or team for PSC 119”.

Mr. dr. Muhammad Fardhan as the Head of the Pauh Health Center, said that: “For PSC 119 at the Pauh Health Center it is under the First Aid and Disaster Division. In the process of implementing PSC 119 at the Pauh Health Center, it is not optimal because the facilities and infrastructure are not up to standard for the implementation of PSC 119. For the PSC 119 team at the Pauh Health Center, a special team has been formed and divided into 2 shifts (morning shift and afternoon shift), consisting of one doctor, one paramedic and one ambulance driver. Since the beginning of the issuance of the Mayor's Regulation Number 21 of 2020, the PSC 119 Pauh Health Center Team has never had an emergency incident in the community, so far the cases found in the field are cases regarding Covid-19”.

Mrs. dr. Desy Susanty as the Head of the Seberang Padang Health Center said that: “The PSC 119 service is a service that basically belongs to the Health Service, but the Puskesmas is assigned to work together as the executor so PSC 119 does not yet have its own field so at the Seberang Padang Health Center it is included in the first aid and disaster field. for the time being. In its implementation, the Seberang Padang Health Center already has a special team. Because the Seberang Padang Health Center is a health center that has twenty-four hour health services, PSC 119 Seberang Padang Health Center has three shifts. The morning shift is the responsibility of each puskesmas in the city of Padang, but the afternoon shift
is the responsibility of seven health centers that have twenty-four hours service, Seberang Padang Health Center is one of them and for the night service the seven health centers which have 24-hour service are rotated. to guard at the PSC 119 building post. So far, the obstacle in implementing PSC 119 at the Seberang Padang Health Center is that the officers become tired, because apart from having to serve as PSC 119, the Puskesmas staff must also continue to carry out work program activities from the Puskesmas. Until I as the Head of the Puskesmas also had to engage in direct service as a doctor because of that, there was a lack of human resources.”

3. Research Findings
Researchers obtained several points regarding the Implementation of Mayor Regulation Number 21 of 2020 concerning the Implementation of the Padang City Integrated Safety Center, including:

1) Bureaucratic Structure
PSC 119 is an activity program from the Health Service which is in the Health Service Sector and is under the direction of the Primary Health Service Referral section. PSC 119 does not yet have an independent unit or entity. All forms of authority and responsibility for the PSC 119 program are under the Padang City Health Office, especially in the field of Health Services. So far, the implementation of PSC 119 is still running quite optimally, considering the number of cases of PSC 119 is not too many. Through the archives obtained from PSC 119, in 2020 there were 11 emergency cases that reported to PSC 119 Padang City. In 2021 there were 65 emergency cases reporting to PSC 119 Padang City and from January 2022 to April 2022 there were 12 emergency cases reporting to PSC 119 Padang.

2) Communication
The Padang City Government, especially the Padang City Health Office, has not carried out official socialization to the people of Padang City regarding the Mayor's Regulation Policy Number 21 of 2020 concerning the Implementation of the Padang City Integrated Safety Center. This is because the human resources for health and non-health workers are still not fulfilled. In its implementation, the Health Office still relies on officers from the Puskesmas-Puskesmas in the city of Padang. The Padang City Health Office in coordinating with officers on duty so far is still running smoothly. reporting communications or activities related to the implementation of PSC 119 joined in one WhatsApp group. So far, the Health Service has collaborated with all hospitals in the city of Padang, but with other external parties such as the Police, the Transportation Service, BNPB, there is no collaboration because it is still in the process of being discussed.

3) Resources
In its implementation in one shift there are four officers on duty. One doctor, one paramedic, one ambulance driver and one call center operator. There are three shifts in one day. The morning shift which is a team that is on guard at all puskesmas in their respective areas, the afternoon shift is a team that is on guard at the emergency unit of the puskesmas which has twenty-four hour service and for the night shift is a team that has been appointed by the Health Office to guard the building. At the PSC 119 center, the team rotated from seven Puskesmas which had a twenty-four hour service. The Health Office has provided special emergency training to puskesmas officers. The budget used in the operation of PSC 119 activities comes from the Padang City Government APBD funds. There is no special fund for PSC 119, the funds used are funds that are included in the annual budget of the Padang City Health Office.
4) Disposition/Attitude of Executor
The officers on duty at PSC 119 are officers who have received special emergency training. In its implementation so far there have been no obstacles in the staff, but it is feared that PSC 119 officers could become exhausted because apart from having to guard at PSC 119, these officers also still have to participate in community health center programs.

DISCUSSION
The implementation of the PSC policy is carried out in accordance with the direction of the Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2016 concerning the Integrated Emergency Management System. Based on George C. Edward III’s theory, the implementation of Mayor Regulation Number 21 of 2020 concerning the Implementation of the Padang City Public Safety Center is influenced by (Asyiah and Adnan, 2018):
1) Bureaucratic Structure
The results obtained in the field show that the public safety center (PSC) 119 in its implementation is a program under the Padang City Health Service in the Health Service Sector and is included in the Primary Health Service Referral Section. In its implementation for the distribution of authority, the Padang City Health Office has delegated all forms of decisions related to actions to medical officers who are on duty. Since the issuance of Mayor Regulation Number 21 of 2020 concerning the Implementation of the Padang City Integrated Safety Center, the implementation is still running as expected by the Health Service, considering that this policy is still in the preparation and evaluation stage every month. These obstacles caused the PSC 119 program to not be able to stand alone because it still relied on Puskesmas staff.
2) Communication
In conducting outreach, the Health Office has not officially or officially launched the Mayor's Regulation No. 21 of 2020 policy, although it has been running for approximately two years, the Padang City government, especially the Health Office, is still in the evaluation stage every month. However, the health center has carried out informal socialization to the surrounding community through cross-sectoral activities, such as in activities between the Puskesmas and the Subdistrict. Unofficially, the puskesmas officers informed the community about PSC 119 to those who were in the activity.

The biggest obstacle for the Department of Health is the lack of Human Resources (HR) in its implementation. In addition, the facilities and infrastructure are not in accordance with the standard they should be. The Health Service has also not officially coordinated with external parties outside the Health Service such as the Police, BNPB, the Transportation Service, etc. So far, the Health Department has only collaborated with hospitals throughout Padang. The Health Office itself is still trying to make the SPGDT or PSC 119 policy later, after being officially socialized to the community in the city of Padang, PSC 119 has been running optimally or in other words its human resources have been met, facilities and infrastructure are met and can become a one-stop emergency reporting system that integrate with parties such as the Police, BNPB, etc.
3) Resources
In the interviews conducted, it was found that the Health Office does not yet have health workers or special medical teams in the implementation of PSC 119. The Health Office still uses the personnel at the Puskesmas as health workers and for non-health workers as call center officers, using volunteers within the Health Office. Health workers at the puskesmas were given special
emergency training such as BTCLS and PPGD training. Since the issuance of Mayor Regulation No. 21 of 2020, the initial PSC119 central building in Padang City was still at the Ikur Koto Health Center because the Government did not yet have its own building and equipment, but since January 2022 PSC 119 Building already has its own building which is located next to the Health Office building. Padang City and now has its own two ambulance units.

In the PSC 119 implementation system, Padang City is divided into 3 shifts. The morning shift starts at 07.00 to 14.00 WIB and the afternoon shift starts at 14.00 to 21.00 WIB which is the responsibility of the Puskesmas in the event of an emergency. Night shifts starting at 21.00-07.00 WIB are the responsibility of PSC 119 officers who stand by at PSC 119 building. One PSC team per shift consists of one doctor, one paramedic and one ambulance driver. Call center officers who receive calls are also divided into 3 shifts. For the morning and afternoon shifts, only 1 person is on duty, but for the night shift, the call center officer is on duty 2 people in one shift.

4) Disposition / Attitude of the Executor
The health office is still in the process of preparing and evaluating the implementation of the policy program. The Health Office hopes that before this Policy is officially socialized to the public, the officers and all forms of the system are running well and optimally so that there are no omissions in the implementation process. Considering this policy is an emergency policy in which officers must be able to work according to existing SOPs without any mistakes that can endanger the community at large. In monitoring and controlling policies, officers on duty provide reports directly to the Health Office through the WhatsApp application for every incident and health workers on duty are also required to provide monthly reports to the Health Office. Case reports are submitted directly to the Department of Health.

The Policy Implications of the Padang Mayor Regulation Number 21 of 2020 concerning the Implementation of an Integrated Safety Service Center (Public Safety Center) in the City of Padang is based on the Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2016 concerning the Integrated Emergency Management System. In its implementation, the Padang City Health Office still relies on health workers at the Puskesmas because PSC 119 does not yet have its own special team or officers. The Padang City Health Office has not officially disseminated to the public and has not officially collaborated with external parties. Obstacles in the Implementation of Padang Mayor Regulation Number 21 of 2020 concerning the Implementation of the Integrated Safety Service Center (Public Safety Center) in the City of Padang, including the lack of Human Resources (HR) both health workers and non-health workers, facilities and infrastructure are not sufficient by standard to carry out PSC 119, have not carried out official socialization to the community due to the unavailability of human resources and infrastructure and the budget used in the operation of PSC 119 is still using the Padang City Health Office budget funds, there are no special funds for the implementation of PSC 119 in Padang City.

AUTHOR CONTRIBUTION
Viola Fathia Irwan is the main researcher who chooses the topic, searches for and collects research data. Didik Tamtomo and Bhisma Murti analyzed data and reviewed research documents.

CONFLICT OF INTEREST
There is no conflict of interest in this study.
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