

Integration Of Islamic Human Rights Principles In The Citizen Charter: A Study On The Fulfillment Of The Right To Life, Dignity, Justice, Equality, And Public Health Rights (A Case Study Of Public Health Services At Mardiwaluyo Regional Hospital And Sananwetan Community Health Center)

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Abstract.

The Citizen's Charter focuses on transparency, accountability, and quality public services. Within the framework of Islamic Human Rights, it emphasizes the importance of protecting public interests and achieving impartial social justice, meaning justice without discrimination. Sharia itself aims to attain the welfare (maslahah) of society, aligning with the principles of the Citizen's Charter. Thus, it can be interpreted as support for initiatives aimed at improving the quality of public health services and fulfilling citizens' rights. Therefore, the principles of justice, transparency, and community welfare are in line with the objectives of the Citizen's Charter. This study found: 1) The integration of Islamic Human Rights (IHR) into the Citizen's Charter in the healthcare sector; 2) The formulation, implementation, and evaluation of medical services based on the Citizen's Charter at Mardiwaluyo Regional Hospital. A qualitative method was used in this study, applying a case study type with a multi-site design. Data analysis used the Miles and Huberman model, including data reduction, data display, verification, and conclusion drawing. The data were analyzed from both single-site and cross-site data. The research findings on the integration of Islamic Human Rights principles in the Citizen's Charter show that the concept of integrating IHR principles into the Citizen's Charter in the health service sector develops the concept proposed by Khan and Nasir in Medical Ethics in Islam: Implications for the Citizen's Charter. The findings expand this into several components: the Right to Quality Health Services, Accessibility, Transparency and Informativeness, Non-Discrimination, Community or Patient Participation in Decision-Making, Accountability, Balanced and Proportional Structuring, and Responsibility — all applied in support of community welfare and quality of life. In terms of Islamic Human Rights, the integration of Islamic medical ethics principles with the Citizen's Charter creates a healthcare service that is ethical, transparent, just, and patient-centered. By incorporating Islamic moral values such as rahmah (compassion), amanah (trust), adl (justice), and hifz al-'ird (protection of dignity), the implementation of the Citizen's Charter can be more effective and sustainable. The formulation stage of Citizen's Charter-based medical services from the IHR perspective involves four stages: formulation, service implementation, and service evaluation. One notable finding is the promotional phase — including the promotional efforts conducted by both Mardiwaluyo Regional Hospital and the Sananwetan Community Health Center.

Keywords: Medical Services; Citizen's Charter; Human Rights and Islamic Law.

I. INTRODUCTION

The study titled *"Integration of Islamic Human Rights Principles in the Citizen's Charter: A Study on the Fulfillment of the Right to Life, Dignity, Justice, Equality, and Public Health Rights (Public Health Services at Mardiwaluyo Regional Hospital and Sanan Wetan Community Health Center, Blitar City)"* is based on two main reasons: First, the need for a deeper understanding of how Islamic Human Rights (IHR) principles can be integrated into the Citizen's Charter policy applied in public services in Indonesia. In the Indonesian context, where the majority of the population is Muslim, applying Islamic human rights principles in public policy, especially in the health sector, is highly relevant. This is because Islamic human rights principles emphasize the protection of the right to life, dignity, justice, equality, and the right to health as part of the fundamental rights of every individual that must be fulfilled by the state. Secondly, Mardiwaluyo Regional Hospital and Sanan Wetan Community Health Center in Blitar City were selected as research sites because both institutions play an important role in providing public health services to the community and have implemented the Citizen's Charter as a service guideline. Thus, this study will provide

insights into the extent to which the Citizen's Charter reflects Islamic human rights principles, particularly in fulfilling universal fundamental rights. Based on the researcher's assumption, Islamic Human Rights and the Citizen's Charter are concepts that are interrelated and intertwined, yet remain rarely studied in the context of the health service sector in Indonesia.

Some relevant literature in this dissertation includes discussions on Human Rights from an Islamic perspective. In addition to Qur'anic verses and the Hadith of the Prophet that grant fundamental rights to all human beings regardless of race, ethnicity, gender, or religion, several references from books and journals have explored individual rights in the Islamic perspective. Amina Wadud, in her book *Inside the Gender Jihad: Women's Reform in Islam*, states that in Islam, fundamental rights such as the right to life, the right to education, and the right to health are guaranteed as part of the state's obligation to protect its people (Amina Wadud, 2006:83). This literature is important as it provides a foundation for understanding fundamental rights within the Islamic context that are universally applicable. Friedrich (2005:122) in *Public Administration Reform: A Comparative Analysis*, states that the Citizen's Charter is an important instrument in realizing transparent and accountable public services. In the context of Indonesia, Rangkuti (2010:122) also discusses the implementation of the Citizen's Charter in the public service sector, including health services, and identifies weaknesses in its application. The right to health in Islam is explicitly guaranteed in various verses of the Qur'an and Hadith. In the Qur'an (Surah Al-Baqarah: 195), it is stated: "*And spend in the way of Allah and do not throw yourselves into destruction.*" This verse indicates that maintaining physical health is an obligation that must be fulfilled, which includes access to adequate healthcare services. Recent studies on the implementation of Islamic human rights principles in health policies have concluded that their application still faces various challenges.

In a journal published by Al-Qudah (2020:150) in *The Journal of Islamic Studies and Culture*, it is stated that although there has been progress in implementing Islamic human rights principles in health policies in some Muslim countries, the implementation remains uneven and is often hindered by policies that do not fully support social justice. Indonesia's system of government is based on a constitutional democratic system as a consequence of being a state governed by law. The idea, ideal, or concept of a state governed by law, in addition to being associated with the concepts of *rechtsstaat* and *the rule of law*, is also related to the concept of *nomocracy* (from *nomos* and *cratos*), which can be compared to *demos* and *cratos* or *kratien* in democracy. *Nomos* means norm, while *cratos* means power, thus implying that the determining factor in the exercise of power is the norm or the law (Kancil, 2002:3). Therefore, the term *nomocracy* is closely related to the idea of the sovereignty of law (*rule of law*), in which the true leader or ruler is the law itself, not an individual. The concept of a state governed by law (*rechtsstaat*) according to Julius Stahl includes four essential elements: 1) Recognition and protection of human rights; 2) To protect human rights, the administration of the state must be based on the theory of the separation of powers (*Trias Politica*); 3) The government must carry out its duties based on the law (*wetmatigheid van bestuur*); 4) If the government, in carrying out its duties based on the law, still violates human rights, then there must be an administrative court to resolve the matter (Titik, 2007:30). This means that human rights serve as a mandate for state administrators in providing services to the public (the people).

Furthermore, a recurring contemporary issue in the context of Indonesia's ongoing governmental transformation is how to realize *good governance* as a system of mechanisms, practices, and procedures by which government and citizens manage resources and address public issues. In the concept of governance, the government is only one of several actors and does not always play the decisive role. As a result, the role of the government as a development agent and service/infrastructure provider is shifting. It becomes a driving force for creating an environment that can facilitate other parties in community groups. Governance demands a redefinition of the role of the state, which means a redefinition of the role of citizens. There is a greater demand placed on citizens, including the responsibility to monitor the accountability of the government itself (Sumarto, 2003:1-2). The above indicates that the fundamental concept of government is as a public servant. Public service, as defined in Law No. 25 of 2009 on Public Service, refers to a series of activities aimed at meeting the service needs in accordance with applicable legal provisions, for every citizen and resident, related to goods, services, and/or administrative services provided by public service providers.

Public service providers, henceforth referred to as providers, include any state institutions, corporations, independent agencies established by law to carry out public services, as well as other legal entities specifically created for the purpose of organizing public services.

According to the Ministerial Decree of State Apparatus Empowerment No. 63 of 2003, excellent service is provided to the public as a manifestation of the obligation of government apparatus, who serve as public servants. Additionally, based on the Civil Service Law No. 43 of 1999, Civil Servants (PNS) as government apparatus are required to perform their duties in providing professional services to the public. However, the issue of measuring *good governance* as a public service provider remains a serious topic of study. According to the Population and Policy Studies Center at Gadjah Mada University, it can be measured or assessed through the performance of the public service bureaucracy (Tachjan, 2008:141). The assessment of public bureaucracy performance is not sufficient if it only uses indicators attached to the bureaucracy, such as efficiency and effectiveness, but must also consider indicators attached to service users, such as user satisfaction, accountability, responsibility, and responsiveness. This means that a public satisfaction index is needed as a benchmark to assess the quality of service. The purpose of developing this index is to serve as a reference for government agencies' service units in creating a public satisfaction index. The goal is to regularly assess the performance level of the service units as a basis for determining policies aimed at improving public service quality. The development of the public satisfaction index can refer to the Ministerial Decree on State Apparatus Empowerment No. 14 of 2017 concerning General Guidelines for the Development of the Public Satisfaction Index for government agency service units.

A mistaken approach in public service is when the government assumes that public satisfaction is only measured by the completion of a task, even though they do not consider the feelings of the people who should be served. Both studies suggest the existence of a dichotomy in perceptions regarding the government's performance in providing services to the public, while also emphasizing the need for a system or performance concept that can ensure the delivery of government services and user satisfaction. One of the efforts to bridge the dichotomy between the perspective of good governance from the government's side and the public's perspective is the implementation of the citizen's charter system, which is an approach in public service delivery that places service users as the most important element. The citizen's charter offers an approach where service providers (the government), service users (the public), and other stakeholders (government, society, NGOs, etc.) come together to make agreements regarding the types of procedures, time, costs, and technical aspects of services to be applied (Agus Dwiyanto, 2005:156). The Citizen's Charter is essentially similar to the general concept of public service, but what distinguishes it is that, in the concept of the Citizen's Charter, the public plays a very large role. The community is involved in the process of making agreements between the service providers and the users about the service practices to be implemented. Service users are placed at the center of service delivery, which is the core principle of the Citizen's Charter. Several studies related to the Citizen's Charter show the advantages of this approach. Kurniawan mentions some of the benefits of the Citizen's Charter: a) It encourages a change in mindset, behavior, and bureaucracy structure to become more public-oriented.

For example, changes in the bureaucracy structure relate to service procedures and the position of service users, who are seen more as partners that must be served; b) Service users, civil society organizations (CSOs), mass media, and other stakeholders can play a role in controlling public service delivery through a complaint mechanism. The involvement of these wide-ranging stakeholders shows a high level of feasibility; c) It allows protection for the public against arbitrary, arrogant, and other such bureaucratic behavior; d) There is transparency in terms of time, costs, and service procedures; e) There is clarity regarding the quantity and quality of human resources handling the services; f) It creates a service ethics and culture that places service users as the subjects of service (Masdar, 2009:59). Mendoza (2011:14) mentions that the Citizen's Charter can reduce bureaucratic imbalance and prevent corruption by "reducing the monopoly power over information and agreeing on authority, clarifying and limiting discretion in evaluating applications through clear and predictable rules, and increasing accountability through transparency, setting service standards, performance monitoring, sanctions, and incentives. Nevertheless, the Citizen's Charter has weaknesses, particularly regarding the varying human resource capabilities in each service institution,

making it difficult to find a rigid model that can be applied universally across all regions and the time required to facilitate dialogue between service institutions and involved stakeholders (Masdar, 2009:59). The Citizen's Charter, as an anti-corruption effort, can easily be undermined by its development and implementation processes, such as inconsistencies in the information provided and the omission of important details like costs and maximum service limits, failure to address processing times, and in reality, exacerbating information asymmetry (Kidjin, 2010:51).

The weakness of society (voters) in budget participation and their knowledge (information) regarding services leads to an imbalanced service contract. For planning purposes, the reported budget should align with the expected performance. However, because subordinates or healthcare employees have better information than their superiors or the public, subordinates take advantage of budget participation by providing biased information from their personal knowledge, and creating a budget that is easy to achieve, resulting in a budget gap (i.e., reporting a budget lower than the expected performance). Due to information asymmetry, a participatory budget process (balanced involvement of government and society) is essential. This is because a participatory budgeting process allows for the exchange of information, both vertically between superiors and subordinates, and horizontally among the same level of management. The greater the information asymmetry, the greater the need for participation in the budgeting process. It is hoped that budget participation will help reduce information asymmetry. As stated by Dunk in his research, information asymmetry will negatively affect the relationship between participation and the budget gap (Dunk, 1993:68), which is in line with the research of Irfan, Santoso, and Effendi (2016:158-175). However, a different result was found by Lau and Eggleton (2005:115-133). Kurniawan, Priliandani, and Astika (2016:749-774) stated that the variable of information asymmetry strengthens the influence of budget participation on budgetary slack. Similarly, the study by Riskasari & Hamrun on the implementation of the Citizen Charter at Sinjai Regional Public Hospital (RSUD Sinjai) showed that the application of the Citizen Charter is capable of creating harmonization between those who provide services and those who receive them, as it offers a clear reference for the hospital in delivering quality services to the public.

On the other hand, it also helps both service providers and the community to understand their respective rights and responsibilities. However, both theoretically and empirically, the implementation of the Citizen Charter has not been optimal, resulting in suboptimal healthcare services—particularly in terms of clarity regarding time and costs. In addition, unfriendly service still colors the healthcare system at the hospital. This has led to a stigma among some members of the public regarding the seriousness of the parties involved in implementing the Citizen Charter, which is perceived as merely symbolic and a formality (Riskasari, 2017:91-98). The demand for the fulfillment of human rights values is essentially not only within the domain of state law (*rechtstaat*). Islam (Islamic law) also guarantees the fulfillment of basic human rights, which are referred to as *al-dharuriyat al-khamsah* or *al-huquq al-insaniyah fi al-Islam* (human rights in Islam). This concept encompasses five fundamental elements, as proposed by Imam Ash-Shatibi (Ahmad, 2009:281), which must be protected by every individual, namely: a) Protection of religion (*hifz al-din*); b) Protection of life (*hifz al-nafs*); c) Protection of intellect (*hifz al-'aql*); d) Protection of wealth (*hifz al-mal*); and e) Protection of lineage (*hifz al-nasl*). The principle of the Citizen Charter as a charter of agreement between the government as the provider of public services and citizens as users of public services, in the perspective of Islamic law, places the government's position—as the holder of duties and authority—within the category of *bai'ah* (a pledge of allegiance). Regarding governmental *bai'ah*, the Syaria Board of Nahdlatul Ulama (PB Syaria NU), in the case of DPR members as holders of *bai'ah*, considers that minor violations or issues fall under the category of minor sins, and likewise, major violations are considered major sins (PBNU, 2011:357).

Meanwhile, the "agreement" in public service, as embodied in the principles of the Citizen's Charter, can be categorized as a mutual contract (*'ahd*) that must be upheld, as encouraged in Surah An-Nahl [16]:91: "And fulfill the covenant of Allah when you have taken it, and do not break oaths after their confirmation while you have made Allah a witness over you. Indeed, Allah knows what you do (Kemenag, 2000:123). The content of the Citizen's Charter, as a contractual agreement between the government and citizens and stakeholders (especially in the context of healthcare services), can also be categorized—within the

perspective of Islamic law—as the concept of *ijarah* (a work contract) between citizens and the government as service providers. This refers to a contract involving wages for the use of a service, compensation for a certain activity, or payment for performing a specific task (Helmi Karim, 1997:29). Within the framework of the Citizen's Charter, citizens as service users interact with service providers—such as in the case of healthcare services—reaching an agreement regarding the type, procedures, and technical aspects of the services in accordance with the price (wages) paid by the citizens. However, from the perspective of the government's authority to create various policy products for the sake of order and the welfare of the people, this can be categorized as part of *fiqh siyasah* or *siyasah syar'iyah*. Within the concept of *ushul fiqh*, it is stated:

تَصَرُّفُ الْإِمَامِ عَلَى الرَّعِي مُنْتَظٌ بِالْمَصْلَحَةِ

“The actions of the government (head of state) towards its people must be in accordance with public interest (maslahah) (Abdul Aziz, 1989:260).

One of the governments that has long implemented the Citizen's Charter is the City Government of Blitar, particularly in the field of health services. The Blitar City Health Service initiated the implementation of the Citizen's Charter in collaboration with the Center for Population and Policy Studies at Gadjah Mada University (PSKK UGM) in 2003 at the Kepanjenkidul District Health Center, and in 2005 it was applied at two other health centers, namely the Sananwetan District Health Center and the Sukorejo District Health Center. It was not until 2009 that the Citizen's Charter was implemented at Mardi Waluyo Regional Public Hospital in Blitar. The Blitar City Government's breakthrough in relation to the Citizen's Charter has been strengthened by a series of Memorandums of Understanding (MoUs), including: a) A Cooperation Agreement between the Blitar City Government and the Center for Population and Policy Studies (PSKK) at Gadjah Mada University, Number: UGM./LIT./PSKK./KU./10./VII./2003, concerning the Institutionalization of the Citizen's Charter within the Blitar City Government; b) The Mayor's Decree Number 28 of 2005, Guidelines for the Implementation of the Citizen's Charter Service Contract at the Bendo Health Center UPTD in Blitar City, as stated in an MoU between the UPTD Health Center and the Center for Development and Policy Studies (PKPK) with number 01/02/PKPK/2006. This MoU discusses the Evaluation of the Implementation of the Service Contract within the UPTD Health Centers in Blitar City, as well as the implementation of the Citizen's Charter at Mardi Waluyo Regional Hospital in Blitar City.

With the implementation of the Citizen's Charter (CC), the number of service users has increased annually at the Kepanjen Kidul Health Center, where the Citizen's Charter was enforced. Each year, the number of residents utilizing the services has grown, with patients even coming from outside the sub-district and from other cities. One example of this system or model applied at the Kepanjen Kidul Sub-district Health Center is its impact on public trust in a government agency at the frontline of service delivery. With services being promoted through various mass media channels, this health center has also become a referral center for health services. In 2004, the number of people utilizing health services at Kepanjen Kidul Health Center was 90,791; in 2005, it increased to 92,621; in 2006, the number reached 99,730; and it continued to rise annually, with the number of service users reaching 150,890 in 2009. This is a clear indication of the growing public trust in the government institution. Meanwhile, the fundamental concept of law essentially addresses two contextual issues: a) **Justice**, which relates to the public's need for a sense of fairness amid the many dynamics and conflicts within society; b) **Legality**, which concerns the efforts referred to as *positive law*—rules established by a legitimate state authority that can be enforced in the name of the law (Muchsin, 2002:34), particularly from the perspective of human rights and Islamic law. Furthermore, the implementation of the Citizen's Charter (CC) in the health sector by the Blitar City Government is a public policy. According to Nugroho, public policy is a matter that is not easy to create, implement, and control because public policy involves the realm of politics (Rian Nugroho, 2003:52).

In principle, public policy in the practice of governance and administration is divided into three fundamental principles: how to formulate public policy (policy formulation); how the public policy is implemented; and how the public policy is evaluated (Rian Nugroho, 2003:52). Similarly, Taufiq Rokhman mentions that there are three iSenada dengan Taufiq rokhman menyebut, adanya tiga rangkaian kesatuan penting di dalam analisis kebijakan *Public*, yaitu formulasi kebijakan (*policy formulation*), implementasi

kebijakan (*policy implementation*) dan evaluasi kebijakan (*policy evaluation*). Important interconnected stages in public policy analysis, namely policy formulation, policy implementation, and policy evaluation (Taufiqurragman, 2014:12). The academic gap in this intersecting theme is the lack of studies connecting Islamic Human Rights with Citizen's Charter, especially in the health service sector. Previous research has largely focused on the general implementation of Citizen's Charter in the government sector or in other sectors such as education and public administration, but there is limited research on the application of Islamic principles in the context of health service policies. In fact, in studies on Health Rights in Islam, many have not linked them to the implementation of health policies based on Citizen's Charter in Indonesia.

Therefore, this study aims to fill this academic gap by examining in more detail how Citizen's Charter can integrate the principles of Islamic Human Rights, particularly in the context of fulfilling the rights to life, dignity, justice, equality, and public health in these two healthcare institutions. This research was conducted at RSUD Mardiwaluyo and UPTD Puskesmas Sanan Wetan in Blitar City, two healthcare institutions that play significant roles in providing public health services. RSUD Mardiwaluyo is a government-owned general hospital that offers more advanced and complex healthcare services, while UPTD Puskesmas Sanan Wetan is a primary health facility focused on prevention and treatment of minor illnesses. This research holds several significant urgencies, both academically and in policy practice. In terms of academic relevance, this study is expected to contribute to the development of knowledge by connecting Islamic Human Rights with public policy, particularly in the context of healthcare services. It is also expected to provide a new perspective in the study of HAMI (Human Rights and Islamic Law), public administration, by integrating social justice principles derived from Islamic teachings into the practice of Citizen's Charter policy. The urgency of this research leads to Health Policy Development. The results of this study can provide policy recommendations that are more inclusive and just in providing healthcare services in Indonesia, while considering the basic rights of the community based on the principles of Islamic Human Rights. By examining the implementation of Citizen's Charter in the context of healthcare services, this research can help policymakers better understand how these principles can be integrated into the practice of effective and equitable healthcare service delivery.

II. METHODS

The research method uses a qualitative approach, with a case study type and a multi-site design. Data collection techniques include in-depth interviews, participant observation, and documentation. Data analysis employs the Miles and Huberman model, which includes data reduction, data presentation, verification, and conclusion drawing. Data is analyzed from both single-site and cross-site data.

III. RESULTS AND DISCUSSION

Integration of Islamic Human Rights Principles in the Citizen's Charter in the Healthcare Sector: Fulfillment of the Rights to Life, Dignity, Justice, Equality, and Public Health Rights. The integration of Islamic Human Rights (HAM) principles into the Citizen's Charter in the healthcare sector can be an innovative approach to ensuring access to quality healthcare services that are just and grounded in Islamic values. In general, this can be implemented from an Islamic perspective, where the principles of HAM emphasize justice (*al-'adl*), equality (*al-musawah*), and the right to a healthy life as part of the trust (*amanah*) given by Allah SWT. Several of these principles can include: **Right to Life** (*haqq al-hayat*): Every individual (patient) who seeks medical treatment has the right to receive quality healthcare to preserve their life. Furthermore, services should be non-discriminatory, meaning Islam emphasizes equality among all humans, regardless of race, gender, or social status. In relation to the principles of justice (*al-'adl*) and equality (*al-musawah*), the public healthcare services in both locations have been implemented effectively, even though these research sites are not Islamic hospitals. Nevertheless, the principles above have been well applied after utilizing citizen's charter-based services. The indicator for this is based on the research conducted, showing that patients at RSUD Mardi Waluyo and UPT Puskesmas Sananwetan receive services fairly, based on their queue order. Furthermore, there is no distinction in service between patients from lower or higher social classes; all receive fair and balanced treatment, regardless of their background.

Regarding the quality of healthcare services, several principles are involved:

Right to Life (*haqq al-hayat*): Every individual (patient) has the right to receive quality healthcare to maintain their life. The researchers observed the readiness of healthcare staff, who were disciplined and prompt, always available when patients needed assistance or medical treatment, based on the principles and standard operating procedures (SOPs) set by the hospital. Moreover, all patients seeking care at the hospital have the same rights to receive quality treatment, ranging from care services, inpatient care, patient registration, to medication services. If a medication is unavailable at the pharmacy, patients can obtain it from external pharmacies, although this rarely occurs. Next, the principle of **social justice** means that healthcare services should be accessible to all groups, especially vulnerable populations such as the poor, the elderly, and people with disabilities. This is supported by collective responsibility: The government and society have a moral and social responsibility to ensure the availability of quality healthcare services. In practice, the government along with the management of RSUD and UPT Puskesmas in Blitar City are responsible for upholding this social justice principle. Healthcare services are accessible to all patients from various backgrounds, particularly the poor, those in need, and other groups. The management strives to provide quality services that can be accessed by all groups. This effort includes improving accessibility for patients, such as providing clear service instructions, easy-to-understand service procedures, service transparency, and clear service fees to make them easier for patients to access.

Accessibility

Accessibility in healthcare services is a critical element to ensure that all individuals, regardless of background, economic status, physical condition, or geographic location, can obtain the healthcare services they need. Healthcare accessibility includes various aspects, such as:

Physical Access, which refers to the availability of healthcare facilities that are easily accessible, especially in remote or rural areas. This also includes infrastructure that is disability-friendly, such as ramps, lifts, and other assistive devices for people with disabilities. Additionally, adequate transportation to reach healthcare facilities is essential. Regarding the physical access of the research sites, RSUD Mardi Waluyo and UPTD Puskesmas Sananwetan in Blitar City have good and strategic physical access. They are easily accessible from and by anyone, making them very strategically located. **Economic Access** includes the affordability of healthcare services or financing schemes such as health insurance, including BPJS Kesehatan in Indonesia, as well as the availability of subsidies for vulnerable or low-income (poor) groups. It is also supported by the provision of information that educates the public about available healthcare services. This information should be presented in language that is easy to understand and available in various formats (Braille, visual, or audio) to meet the needs of specific groups. Moreover, technology, such as health applications, can be utilized to provide information and services. Furthermore, **availability of healthcare personnel** plays a crucial role. This refers to the sufficiency of healthcare workers (doctors, nurses, midwives) in various medical departments, ensuring that patients are well served and receive quality care. It also means that there is an adequate supply of medications and medical equipment at the healthcare facilities in both research locations.

Transparency and Informative

Being informative means providing relevant, accurate, and easily understandable information to patients and the public. This includes educating patients by explaining their diagnosis, risks, benefits, and potential side effects of treatments in simple terms without confusing medical jargon. It also involves providing health education materials, such as brochures, videos, or mobile applications. Furthermore, this is supported by the use of technology, leveraging digital platforms (e.g., health apps or websites) to provide up-to-date information about healthcare facilities, doctor schedules, and available services. Additionally, informing patients about their rights, such as the right to receive quality care, seek a second opinion, or refuse certain treatments, falls under this category. In this regard, hospital management (doctors) also provide consultation sessions for patients to ensure transparency regarding their illness, including educating them on how to recover after an illness and how to follow the recommended care during the treatment process. To help educate both patients who seek treatment and those who visit the hospital, the hospital management has prepared the use of platforms in the form of flyers, brochures, and digital videos about the services, service

guidelines, and facilities provided by the hospital. This aims to create understanding among patients, ensuring that quality healthcare services are provided and easily accessible.

Non-Discrimination

Healthcare services must be provided regardless of ethnicity, religion, gender, social status, or economic ability. Every individual has the right to receive equal services without any discrimination. Non-discrimination is fundamental, meaning that every individual is entitled to fair, equal, and dignified healthcare without being treated differently based on factors such as race, religion, gender, economic status, sexual orientation, or health condition. In the implementation of healthcare services at RSUD Mardiwaluyo and UPTD Puskesmas Sananwetan in Blitar City, the services are running well with no discrimination among the patients. However, management must ensure that quality healthcare services are maintained through the implementation of the Citizen's Charter, which also allows patients to have a role in monitoring the implementation of these services.

Community or Patient Participation in Decision-Making

Patient or community participation in decision-making is not just about fulfilling patient rights, but also about creating more effective, relevant, and sustainable healthcare services. By providing clear information, supporting shared decision-making, and considering patient preferences, healthcare services can become more inclusive and responsive to the needs of individuals and communities. In this regard, RSUD Mardi Waluyo and UPTD Puskesmas have implemented the Citizen's Charter, where community involvement in decision-making for large-scale health policies or programs is encouraged. The community is invited to participate in consultation forums (Citizen's Charter), community satisfaction surveys, or focus group discussions (FGDs). This approach helps the government or healthcare facilities better understand the broader needs of the community.

Formulation, Implementation, and Evaluation of Public Health Services Based on Citizen's Charter

This will proceed through the following steps: User Survey, Citizen's Charter Service Review, presentation of the User Survey results, print media coverage, press conferences, delivery of Focus Group Discussions (FGD) & Doctor's Relationship Network, Service Ethics Training, SWOT Analysis Coordination Meetings, SWOT Analysis, Benchmarking, Drafting the Citizen's Charter, Discussing the Citizen's Charter draft, Medical Committee Socialization, and Public Testing. The implementation of medical services based on the Citizen's Charter in the perspective of Human Rights (HAM) and Islamic Law can be realized by ensuring the simplicity of service procedures, clarity of service (service providers, Citizen's Charter committee structure, detailed service costs, operational service standards), certainty of time, accuracy, security (supported by clear regulations), responsibility (rights and obligations of both service providers and users), completeness of facilities and infrastructure, ease of access, discipline, politeness, friendliness of service staff, and comfort. This is supported by the establishment of a Vision, Mission, Goals, and Motto of the Citizen's Charter program, Public Service Standards, followed by the Health Service Flow, Public Complaints Unit (ULPIM), and User Satisfaction Surveys. The evaluation of medical services based on the Citizen's Charter in the perspective of HAM and Islamic Law becomes more robust with the existence of the National Public Service Complaint Management System (SP4N), suggestion boxes, and call centers, as well as satisfaction survey methods. Inviting Citizen's Charter forums to present survey results, interactive radio talk shows, and media coverage.

Based on the findings of the research, the conceptual findings about the integration of Islamic Human Rights principles in the Citizen's Charter are as follows:

The concept of integrating HAM principles in the Citizen's Charter in the health service sector, developed by Khan and Nasir in the concept of *Medical Ethics in Islam: Implications for Citizen's Charter*, includes the following: Patients' right to information, quality services, and accountability from healthcare providers is the main principle. Islamic medical ethics supports this principle by emphasizing trust (Amanah) and justice in delivering healthcare services. Service providers must be fully accountable for the quality of services and ensure that patients' rights are met. The findings of the research develop this further into: The right to receive quality healthcare, accessibility, transparency and informativeness, non-discrimination,

community or patient participation in decision-making, accountability, and the balanced and proportional application of responsibility to support community welfare and quality of life. The integration of Islamic Human Rights in the Citizen's Charter creates ethical, transparent, just, and patient-oriented healthcare services. By integrating Islamic moral values such as *Rahmah* (compassion), *Amanah* (trust), *Adl* (justice), and *Hifz al-Ird* (protection of dignity), the application of the Citizen's Charter becomes more effective and sustainable, especially in contexts with strong religious values.

In the realm of formulation, implementation, and evaluation, the theory developed by Wray L. D has been expanded into several stages: Formulation, Implementation, and Evaluation of the Citizen's Charter. However, the researcher developed it into 4 stages: Promotion, Formulation, Implementation, and Evaluation of the Citizen's Charter. In the two research locations, promotion was conducted first before the formulation, implementation, and evaluation. The promotion carried out by RSUD Mardi Waluyo and UPTD Puskesmas Sananwetan included a variety of methods, such as the production of leaflets, talk shows, media coverage in print and electronic media, and the installation of large banners at 21 points in Blitar City. Next, the pre-launch of the Citizen's Charter at RSUD Mardi Waluyo in Blitar City was followed by a press conference. The official launch of the Citizen's Charter program at RSUD Mardi Waluyo in Blitar City was carried out by the Mayor of Blitar. Relevant local government agencies (DPRD, TOMA, TOGA, LSM, Cross-Sectoral Stakeholders, and all doctors and staff of RSUD Blitar City) were invited. The launch was supported by live radio broadcasting (streaming) and direct radio coverage. Media coverage in print and electronic media.

IV. CONCLUSION

The integration of Islamic Human Rights Principles into the Citizen's Charter in the health service sector aims to fulfill the rights to life, dignity, justice, equality, and public health. The concept of integrating Islamic Human Rights (IHR) principles into the Citizen's Charter in the health service sector is based on the framework developed by Khan and Nasir in *Medical Ethics in Islam: Implication for Citizen's Charter*, which emphasizes key principles such as patients' rights to information, quality services, and accountability from healthcare providers. Islamic medical ethics supports these principles by emphasizing the values of *Amanah* (trust) and justice in delivering health services. Service providers are fully responsible for ensuring service quality and the fulfillment of patient rights. The findings of this study further develop these principles into the rights to: quality healthcare services, accessibility, transparency and informativeness, non-discrimination, community participation, and accountability—structured in a balanced and proportional manner and implemented with responsibility. The integration of Islamic Human Rights into the Citizen's Charter creates ethical, transparent, just, and patient-oriented healthcare services. By incorporating Islamic moral values such as *rahmah* (compassion), *amanah* (trust), *adl* (justice), and *hifz al-'ird* (protection of dignity), the implementation of the Citizen's Charter becomes more effective and sustainable, particularly in communities with strong religious values.

The formulation, implementation, and evaluation of public health services based on the Citizen's Charter can be achieved through the following steps: User Service Surveys, Citizen's Charter Service Review, Presentation of Survey Results, Written publications, Media briefings, Focus Group Discussions (FGD) & Healthcare Community Aspiration Networks, Ethics in Service Training, Coordination Meetings for SWOT Analysis, SWOT Analysis, Benchmarking Visits, Drafting the Citizen's Charter, Discussion of the Citizen's Charter Draft, Dissemination via the Medical Committee, Public Evaluation,

Implementation of medical services based on the Citizen's Charter can be realized through simplified service procedures and assurance of: Clarity in services (clear identification of service providers, Citizen's Charter committee, service cost breakdowns, and operational service standards), Timeliness, Accuracy, Security (with clear regulatory support), Responsibility (clear rights and duties of providers and users), Adequate infrastructure, Accessibility, Discipline, Courtesy and friendliness of service personnel, Patient satisfaction, This is supported by the definition of a clear Vision, Mission, Objectives, and Motto for the Citizen's Charter program, the establishment of Public Service Standards, Health Service Flowcharts, a Public Complaint Unit (ULPIM), and Service User Surveys.

Evaluation of medical services based on the Citizen's Charter will be more robust with the presence of a National Public Complaint Management System (SP4N), suggestion boxes and a call center, service satisfaction survey methods, presentations of survey results in Citizen's Charter forums, and interactive radio talk shows.

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