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IMPLEMENTATION OF THE NATIONAL HEALTH ASSURANCE PROGRAM IN NORTH BARITO DISTRICT

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Submission date: 06-Jun-2023 07:56AM (UTC+0300)

Submission ID: 2110049538

File name: 1_Nuryani_et_al_1-8_no_8.pdf (418.33K)

Word count: 3396

Character count: 18171



IMPLEMENTATION OF THE NATIONAL HEALTH ASSURANCE PROGRAM IN NORTH BARITO DISTRICT

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Submit : 09-06-2021

Accepted : 05-06-2022

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Abstract

This study aims to evaluate and analyze the implementation of the National Health Insurance Program in North Barito Regency and to find out and analyze what factors influence the implementation of the National Health Insurance program using the public policy implementation model proposed by George C. Edward III by pointing out four factors/variables that play an important role in the success of implementation, namely: communication, resources, disposition and bureaucratic structure. The method used in this research is qualitative method. Data collection techniques are by using interviews, observation, and documentation study. Meanwhile, data analysis was carried out through four activity streams which constitute one interrelated unit, namely (1) data collection, (2) data reduction, (3) data presentation and (4) drawing conclusions. Based on the research results, it was found that communication: coordination between related agencies was felt to be less than optimal, especially with the Department of Population and Civil Registration to synchronize population data, resources: lack of health workers who were scattered in villages because there were many health workers who had accumulated in the city, disposition: awareness The number of people involved in the National Health Insurance Program in North Barito District is very low, bureaucratic structure: the number of procedures that JKN participants have to do when getting health services, because complicated procedures greatly affect the success of the program. The conclusion of the results of this study is that they can provide regular guidance to health workers so that they are more enthusiastic about providing communicative health services, provide more adequate resources, and resolve problems of disposition of health workers.

Keywords: Implementation, Policy, JKN

1 INTRODUCTION

Health services are a basic right of the Indonesian people. This service must be provided and guaranteed by the Government of Indonesia as stated in the 1945 Constitution of the Republic of Indonesia Article 28 H paragraph (1) and paragraph (3), as well as Article 34 paragraph (2). Health insurance aims to provide health protection for the community in order to meet basic health needs. This guarantee is given to every person who has paid contributions or paid by the Government.

The phenomenon that is happening in Indonesia today is the difficulty of accessing health services for the poor. Not only in urban areas, but also in rural areas, so that the figurative word "the poor is prohibited from getting sick". Suprianto (2017) defines pain as an unpleasant condition that someone feels. This situation hinders physical and spiritual activities, so that they cannot carry out their normal functions and roles in society.

The results of field observations indicate that access to health services is difficult. This is indicated by the condition of the health facilities that are very inadequate. Of course, this situation cannot serve when people are sick, so people choose to look for better health facilities even though they have to pay higher costs. This is certainly a burden for the less fortunate.

Another contributing factor is the relatively low human resources which lead to limited information. One important information that is rarely conveyed is the rights and obligations of the community as patients who need medical services. This aims to optimize service quality, avoid malpractice, and others. This can be seen from the percentage of the education level of the working population in North Barito Regency based on the high or low level of education, which can affect the quality of human resources. The results show that the level of education in the district is 43% Elementary School, 18% Junior High School equivalent, 26% Senior High School equivalent, and 13% Diploma/Bachelor Degree.

A phenomenon that often occurs in society is that the government tries to find a solution or strategy so that people can get adequate health services at low rates, among the steps are the emergence of a government policy as outlined in Law Number 40 of 2004 concerning the National Social Security System (SJSN). This law then underlies the formation of the National Health Insurance Program or JKN as one of the government programs in an effort to provide welfare to the community in the health sector. The JKN program aims to provide comprehensive health insurance assurance for all Indonesian people to live healthy, productive and prosperous lives.

However, the stigma that has formed in society at this time is that if they become participants in the National Health Insurance Program, the services will be slow, so that people prefer to spend their own money when they are sick, even though the government has also provided health insurance for the community. underprivileged, such as Jamkesmas, but there are also poor people who do not have a JKN-KIS card (Healthy Indonesia Card), even those who are financially able should also be JKN (Jamkesmas) participants, because the aim of this program is mutual cooperation, namely healthy help the sick.

Based on the population in North Barito Regency, 10,060 of the 156,260 people are classified as poor educators, but 62,750 people are the responsibility of the regional government as APBD Contribution Recipients (JKN). That means 52,690 people are classified as well-off people who should be independent participants, but are borne by the Regional Government in paying monthly premiums (data from the North Barito District Health Office). Therefore, it is necessary to evaluate the implementation of the National Health Insurance Program, especially

1 in the North Barito Regency area. The success of the National Health Insurance Program in North Barito District.

RESEARCH METHODS

This research is a qualitative research. This study aims to explain the phenomenon by collecting data as deep as possible, the deeper the information obtained, the better the quality of the research. Qualitative research according to Saryono (2010) is research that is used to investigate, find, describe, and explain the quality or features of social influences that cannot be explained, measured, or described through a quantitative approach.

This type of research is a qualitative descriptive study. According to Mukhtar (2013), qualitative descriptive research is a method that researchers use to find knowledge or theories about research at a certain time. Through this method, researchers evaluate the effectiveness and factors that influence the implementation of the JKN program in North Barito Regency.

The research subjects are stakeholders, policy makers, program implementers, and the people of North Barito Regency who have become JKN participants. The location of this research was carried out in North Barito Regency with a case study in the Teweh Tengah District area.

Sources of data in this study are information from interviews, documentation and observations (primary data), and from relevant references (secondary data). The data analysis technique was carried out based on descriptive argumentation. Data analysis in this study was carried out at the time of data collection in a certain period. At the time of the interview, the researcher had conducted an analysis of the interviewee's answers. Interviews will continue if the answers obtained are not satisfactory, or it can be done by searching for the next informant.

RESULTS AND DISCUSSION

The implementation of the National Health Insurance Program is the main task and function of the Health Services and Resources Sector, the North Barito District Health Office. Implementers of the JKN program are UPTs, both Puskesmas and Hospitals. There are 16 Puskesmas and 2 Regional General Hospitals spread over 9 Sub-Districts in North Barito Regency, one of which is in Teweh Tengah District.

Table 1 Population Density in Teweh Tengah District and its health facilities

No.	Question	Data
1	Region area	1.134,37 Km ²
2	Total population	58.126 Inhabitants
3	UPT	1. RSUD 2. Puskesmas Muara Teweh 3. Puskesmas Lanjas 4. Puskesmas Sei Rahayu 5. Puskesmas Lemo

Table 2 Employment Conditions in Health Facilities at the Health Service Office in Central Teweh District in 2019

No.	Medical facility	Pustu/Poskesdes/Polindes	Number of Health Workers
1.	RSUD Muara Teweh Puskesmas Muara Teweh (48 Health Workers)	RSUD	241
		Puskesmas	35
		Pustu Wonorejo	6
		Pustu Pendreh	4
		Pustu Pangku Raya	2
		Poliklinik Polres	1

2.	Puskesmas Landas (49 Health Workers)	Puskesmas	42
		Pustu Bayas	3
		Pustu Parang Kampeng	4
3.	Puskesmas Lemo (18 Health Workers)	Puskesmas	14
		Pustu Teluk Lihat	1
		Pustu Lemo I	1
		Pustu Pararawen	2
4.	Puskesmas Sei Rahayu (19 Health Workers)	Puskesmas	13
		Pustu KM 38 Sei Rahayu	0
		Pustu KM 38 Trans	1
		Pustu KM 53 Rimba Sari	1
		Pustu KM 54 Beringin Raya	2
		Pustu KM 55 Datai Nirui	2
		Polindes 52	0

Health development is carried out to increase awareness, willingness and ability to live healthy for everyone so that the best possible degree of public health can be realized. The success of this development is highly dependent on the right approach, policy and program strategy and clear targets. The government has the responsibility to ensure every citizen gets quality health services according to their needs.

Even so, the characteristics of health goods/services cannot be produced by themselves, so it needs involvement by other parties who specifically produce and provide them, so providers of health goods/services require government involvement to:

- 1) Ensuring the availability of health goods/services that can be obtained by citizens who need them according to their needs.
- 2) Providing health goods/services for citizens who are unable to meet the needs in the health sector.

In order to meet these needs, the Minimum Service Standards in Health, hereinafter referred to as SPM Health, are used as provisions regarding the Type and Quality of Basic Services which are Compulsory Government Affairs which every citizen is entitled to at a minimum. The implementation of SPM has also become very strategic in relation to the implementation of the National Health Insurance (JKN).

The results of interviews regarding implementation were carried out to six informants involved in the JKN Program in North Barito Regency, namely from the North Barito District Health Office, the Muara Teweh Branch Health BPJS, the Social Service, the PMD North Barito Regency, and the JKN Program participant community. Interviews are grouped into 3 aspects, namely communication, resources, and dispositions.

1. Community

Is there any meaningful communication to the community to take part in the JKN program either independently or paid for by the Regional Government. Here's the explanation:

"So far, the plan has not been implemented to synchronize population data every month with the Civil Registry Office for the accuracy of population data. Many people are registered as participants in the National Health Insurance by means of the PBI APBD route (the premiums are funded by the Regional Government) while the person has died or moved domicile".

"And communication to the community has been carried out, but there are still many residents who are reluctant to register as JKN participants".

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The next question is, why can't synchronization of population data be done, and why are people reluctant to register as JKN participants? And the following explanation was obtained:

"The Health Office has not been able to synchronize population data with the Civil Registry Office because so far people who have died, their families have never reported to the Civil Registry Office or the sub-district, unless there are certain matters, for example for pension management, then they report the death of their family. So that even if population data is synchronized with the Civil Registry Office, of course the results will not be accurate".

"The obstacles experienced by people who have not registered themselves as JKN participants, namely for independent JKN Participants in North Barito Regency are constrained by fees, the amount of fees is still burdensome so that many are in arrears of payment, while those paid from APBD funds for the poor/underprivileged are constrained by ownership. Identity Card and Family Card, which are the requirements to become a JKN participant with APBD fees, namely having to have a KTP, a Family Card and a Certificate of Disability from a local village/sub-district. That is a classic problem that is still frequently encountered so far, many people are reluctant to take care of their Family Cards and Identity Cards, so they cannot be registered as JKN participants".

Meanwhile, the information received from Mr. Bioniko, Staff of the Social Service, Community Empowerment and Village of North Barito Regency said:

"The distance from the village to the regency is quite far, so it requires a lot of time and money in the process of making a Healthy Indonesia Card. People choose to register as JKN participants when they are sick and need health care. When sick, the new family takes care of membership, and while being treated at the hospital, they will get a recommendation letter from the Social Service that it is true that the person concerned is the poor, and a guarantee that the cost of treatment at the hospital will be paid by the local government".

This is supported by the results of interviews from several people who said:

"I join the JKN program just as a precaution if I have a serious illness and have to undergo further treatment or hospitalization. However, if it was just a normal illness, I chose to go to a practicing doctor, because if I went to the Puskesmas and knew we were JKN patients, there would be a feeling of discomfort with the services provided at the Puskesmas". (interview with independent JKN participants)

However, unlike the community who are funded by APBD funds (the poor), they do not really care what kind of service at health facilities, the main thing is that they get free health services and medicines.

Therefore, JKN participation in North Barito Regency has not yet been maximally achieved, which can be influenced by several factors, namely constrained population identity ownership as a requirement to be registered as a JKN participant, lack of public awareness to

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participate in the JKN program, and what is no less important is the lack of public trust in health services as JKN participants (felt there was a difference with general patient services).

2. Resources

Resources are defined as tools to achieve goals or the ability to take advantage of certain opportunities, resources can play a role in a process or operation, namely an operational function to achieve certain goals such as meeting satisfaction.

Following are the results of the interview with the Head of the Health Services and Resources Division of the North Barito District Health Office, Mr. Pariadi A.R, SKM:

"Sometimes there are officers who cannot be active every day, it could be remote areas (villages), it could be half or four days a week, or sometimes one week not one week. So if there are no officers (at the pustu), the community will conduct an examination at the main puskesmas. Sometimes there is also a problem with a shortage of medicines, sometimes health workers buy medicines from their personal money, so they receive rates from patients, because of the limited JKN medicines. But of course with an agreement between the health worker and the patient".

Information obtained from the Head of BPJS Kesehatan Muara Teweh Branch Mr. Iwan Adriady, SE. With regard to the constraints of drug availability, it is clear that:

"BPJS only provides financial certainty for participants when accessing services at health facilities. It is the responsibility of health facility service providers to prepare medicines, be it hospitals or health centers. Because the fee paid by regulation includes the provision of drugs".

3. Disposition

The disposition is a characteristic of the people involved with the JKN Program in North Barito District. Policy makers are the ones who determine the success of the JKN program. Results of interviews with the Head of BPJS Kesehatan Muara Teweh Branch Mr. Iwan Adriady, SE. Explain that:

"The Regional Government of North Barito Regency has opened the widest possible way for people who want to be registered as JKN Participants with the payment of APBD funds, even the rich will still be funded by the government if they want to register themselves. However, it seems that the low level of public awareness to register as a JKN participant is an obstacle why until now JKN membership in North Barito Regency has not reached 95%".

This means that the Regional Government has made every effort so that the public is willing to participate in the success of the JKN Program launched by the Central Government, but the level of public awareness, cultural background, and the level of public trust in health services in North Barito Regency is very low.



Figure 1 One of the health facilities in North Barito Regency which often experiences vacant health personnel



Figure 2 One of the health facilities

1 **CONCLUSION**

Based on the results of research through the process of interviewing, observing, recording and collecting documents at the North Barito District Health Office, the Muara Teweh Branch Health BPJS, the Social Service, and several people of North Barito Regency as users of the National Health Insurance service, the results of the study can be described as follows:

1. Communication

Communication between related agencies is felt to be less than optimal. Especially with the Civil Registry Office to synchronize population data. Population data synchronization is useful for calculating how many BPJS participants whose dues are paid by the Regional Government, and for eliminating those who have passed away and moved domicile. The obstacle from this communication is that people who have moved domicile and people whose families have died do not have self-awareness to report changes to data at related institutions.

2. Resources

Health workers who often leave their place of work, vacancies guaranteed by BPJS, and inadequate facilities and infrastructure for health facilities make the National Health Insurance Program ineffective. The obstacle that is faced is the lack of health workers who are scattered in the villages, because there are many health workers who accumulate in the city, so that if these health workers cannot attend, then the health facilities will be vacant. As for medicines, there is no proper regulation and convenience for Puskesmas to spend capitation funds for drug purchases. And the obstacles for health facilities and infrastructure, it seems that have not become the top priority of the North Barito Regency Regional Government.

3. Disposition

The awareness of the people involved in the National Health Insurance Program in North Barito District is very low. When Promotional and Preventive activities are only in part of the community (not all), of course education will not reach the lowest strata of society. Yet before curative and rehabilitative, promotive and preventive are very important. Community constraints are reluctant to be given education. They prefer to work and earn a living when health outreach activities are held.

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