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*The Work Place Initiative: Health, Safety and Wellbeing
Regarding COVID-19*

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THE 3rd SRIWIJAYA INTERNATIONAL
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*The Work Place Initiative: Health, Safety and Wellbeing
Regarding COVID-19*

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PREFACE

On behalf of the organizing committee, I am delighted to welcome you to the 3rd Sriwijaya International Conference on public Health (SICPH 2021) during 21th October 2021 at Palembang South Sumatera, Indonesia. The SICPH 2021 is international conference organized by Faculty of Public Health, Sriwijaya University (UNSRI). I would like to extend my warmest welcome to all the participant of The SICPH 2021 under the theme *“The Impact of Climate Change on Infectious Disease Transmission”*.

The SICPH 2021 consists of keynote sessions from well known expert speakers in the field of public health, and academic paper sessions (oral presentations) who are coming from several region. This conference seeks to bring together academics, public health professionals, researchers, scientists, students and health stakeholders from a wide range of disciplines to present their latest research experience and further development in all areas of public health. We hoped that this conference will be usefull platform for researchers to present their finding in the areas on multidisciplinary realted to public health and health system issues.

This conference will provide opportunities to exchange ideas, knowledge, and development of the latest research among the participants. We will publish the paper as output from the SICPH 2021 in proceeding book with ISBN and selected paper will be published in Jurnal ilmu kesehatan masyarakat- SINTA 3 (a nationally-accredited journal). The SICPH 2021 is being attended by about 50 participants. I hope you enjoy the conference.

With regard to considerable conference agenda, we greatly appreciate any support and sponshorship derived from any governmental as well as private institutions for the success of the conference. Great appreciation is also handed to organizing committe of the conference for any voluntarily effort that bring to the succes of the conference.

The conference committee expresses its gratitude towards all the keynote speakers, authors, reviewers, and participanst for the great contribution to enssure the succes of this event. Finnally, I sincerely thank all the members of the organizing committee who have worked hard to prepare this conference.

Palembang, October 2021

Chair,

Anita Camelia, SKM., MKKK.

PREFACE



First of all, let us thank God, the Almighty, who has given His grace and guidance so that the 3rd Sriwijaya International Conference of Public Health (SICPH) with the theme of The Workplace Initiative: Health, Safety and Wellbeing Regarding Covid:19 can be held successfully. I welcome all of you to this seminar which has received great attention not only from university, but also other communities to submit papers to be presented in this seminar. I express my highest gratitude and appreciation the presenters.

The conference is divided in two session, the first session is speeches and the second session is round table discussion. In the first session, the invited keynote speakers were Prof. Dr. Tan Malaka, MOH, DrPH, SpOk, HIU (A Professor from Medical Faculty Universitas Sriwijaya), Prof. Dr. Retneswari Masilamani (University Tunku Abdul Rahman, Malaysia), Prof.Dr.Joselito L. Gapaz MD, M.PH(University of the Philippines) and Prof. Dr Tjandra Yoga Aditama, MHA,DTM&H, DTCE,SpP(C).FIRS (Professor from Griffith University, Australia)

Of course, this conference activity would not have succeeded without the support of all parties involved, as well as the presence of all participants in all regions in Indonesia and internationally. I especially thank to all the organizing committees for their hard work, perseverance, and patience in preparing and organizing this conference so that it can go well, smoothly and successfully.

Finally, through this conference let us extend the network and cooperation among all stakeholders of the public health sector, especially in Indonesia and in the world in general, to build a better public health world in Indonesia

Thank you for participating in this conference.

**Dean of Public Health Faculty,
Universitas Sriwijaya**

Dr. Misnianti, S.K.M, M.K.M

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IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE PROGRAM (JKN) AT SEI BAUNG PUBLIC HEALTH CENTER THROUGH THE EVALUATION CRITERIA OF EQUITY

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ABSTRACT

The Universal Health Coverage (UHC) target which has not been achieved until 2020, encourage the government and public health center as health service providers to be able to improve the quality of services and optimize the use of resources. So that more people have fair and equitable access to health services in the JKN program. This research aims to analyze the implementation of the JKN program at the Sei Baung Health Center through the evaluation criteria of equity. This study used a qualitative research method with a descriptive analytical research design. There were 20 informants involved in this study which included human resources at the puskesmas, JKN participant patients, and BPJS Kesehatan Palembang employees. Data collection through primary data and secondary data. Based on the smoothing criteria, the JKN program has been evenly used by patients. However, JKN participant patients still find there is a shortage of the type of medicine needed and the attitude of the officers who do not pay attention to the condition of the puskesmas which is crowded with patient visits. Obstacles to the implementation of the JKN program that are still found at the Sei Baung Health Center in several evaluation criteria, encourage the puskesmas, BPJS Health, local government and the community to work together in achieving the success of the JKN program. The puskesmas can carry out, providing substitute drugs, planning to evaluating the availability of drugs and infrastructure, providing educational media related to services and types of drugs covered by JKN.

Keywords : public health, National Health Insurance (JKN), evaluation, service, implementation

ABSTRAK

Belum tercapainya target *Universal Health Coverage* (UHC) hingga tahun 2020, membuat pemerintah dan puskesmas sebagai pemberi pelayanan kesehatan perlu mengupayakan peningkatan kualitas pelayanan dan mengoptimalkan penggunaan sumber daya. Hal ini bertujuan agar semakin banyak cakupan masyarakat yang mendapat akses pelayanan kesehatan dalam program JKN secara adil dan merata. Penelitian ini bertujuan untuk menganalisis implementasi program JKN di Puskesmas Sei Baung melalui kriteria evaluasi perataan. Penelitian ini menggunakan pendekatan kualitatif. Informan yang terlibat berjumlah 20 orang yang meliputi SDM puskesmas, pasien peserta JKN, dan pegawai BPJS Kesehatan Palembang. Pengumpulan data melalui data primer dan data sekunder. Berdasarkan kriteria perataan, program JKN sudah secara merata dapat digunakan oleh pasien. Namun pasien peserta JKN masih menemukan adanya kekurangan jenis obat yang dibutuhkan dan sikap petugas yang kurang memperhatikan kondisi puskesmas yang ramai akan kunjungan pasien. Hambatan imlementasi program JKN yang masih ditemukan di Puskesmas Sei Baung dalam beberapa kriteria evaluasi, mendorong pihak puskesmas, BPJS Kesehatan, pemerintah setempat dan masyarakat untuk saling bekerjasama dalam mencapai kesuksesan program JKN. Pihak puskesmas dapat melakukan, penyediaan obat pengganti, perencanaan hingga evaluasi ketersediaan obat dan sarana prasarana, penyediaan media edukasi terkait pelayanan dan jenis obat yang ditanggung oleh JKN.

Kata kunci: puskesmas, JKN, evaluasi, perataan

Introduction

Every individual can have the right to access quality, safe, and affordable health services and health resources. Everyone can also be responsible and has the right to independently determine health services according to their needs. However, in order to seek and improve the health status of the Indonesian people, the government has a responsibility to ensure the basic health needs of each individual through health insurance. Since January 1, 2014, the National Health Insurance (JKN) program has become a form of government effort to provide health protection through the benefits of health care as a form of fulfilling the basic health needs of the population, where the government gives special authority to the Social Health Insurance Administration Body (BPJS) to organize comprehensive health insurance ⁽¹⁾.

This National Health Insurance (JKN) has a specific achievement target, where in 2019, Indonesia must be able to achieve the Universal Health Coverage (UHC) target with a minimum of 95% JKN participation and this target increases to 98% in the UHC RPJMN target in 2024 ⁽²⁾. BPJS Health data in July 31, 2021 showed that there were 225.48 million people or 83.4% of the people who have become JKN participants in Indonesia. This figure has increased from the coverage of JKN participation in 2019 which reached 83.86% and 82.33% in 2020. However, this fluctuating percentage of participation coverage still shows that Indonesia has not yet succeeded in achieving the UHC RPJMN target in 2019 and 2024 with a minimum participation of 98% of the total Indonesian population. ⁽³⁾.

The Universal Health Coverage target is still quite difficult for Indonesia to achieve until 2021. According to the BPJS Watch Advocacy Coordinator, there are 4 (four) things that make it difficult for the government to achieve RPJMN target, which include (1) Socialization activities for JKN program have not been implemented optimally. and routine; (2) There are still many responses in the form of complaints about the services they receive from JKN program; (3) Organizations that have not registered their employees as participants in the JKN program have weak law enforcement; and (4) The form of cooperation between BPJS Health, the government, and other sector institutions are still weak and have not optimally run ⁽²⁾.

According to Sylvia, C et al. (2016), health services provided by health facilities have principles that include responsiveness, fairness, effectiveness and service efficiency. These principles can be implemented for sustainable and comprehensive public health development to all levels of society ⁽⁴⁾. In this case, public health center as one of the components of the FKTP has the responsibility for the

implementation of these principles. The principle of justice or equity in access to health services means that there is no service gap for all types of participation, both PBI and non-PBI participants. It happens because according to Law Number 36 of 2009 in Article 4, every human being has the same rights in access to health care ⁽⁵⁾.

Sei Baung Health Center in Palembang has a working area located in Twenty Six D-1 Village and Demang Lebar Daun Village. The total population of working area in Sei Baung Health Center is 24,425 people, but only 32.75% of the total population are registered as JKN participants ^(6,7). It shows that the coverage of JKN participation in the working area of Sei Baung Health Center is still very small. Not only public health center, but also BPJS Health must coordinate together with the central, regional and other relevant institutions to support the JKN-KIS program through achieving UHC target every year. Based on research conducted by Naralita, W et al. (2017), regarding the expansion of JKN membership in Banyuasin Regency, it was found that there was a lack of good coordination between the non-health sector and BPJS Head of Banyuasin in sharing resources ⁽⁸⁾.

According to the Director of Expansion and Services for BPJS Health Participants in the research of Retnaningsih, H (2018), local governments that do not support the implementation of JKN-KIS program didn't receive strict sanctions ⁽²⁾. It happened because there were only administrative sanctions in Presidential Instruction Number 8 of 2017 for local governments that did not fully support the sustainability of the JKN-KIS program. ⁽⁹⁾.

In addition, according to Istiqomah (2018) in her research that was carried out at the Sei Baung Health Center, there were several obstacles during the sustainability of JKN program, which consisted of (1) Many people did not know about the existence and procedures of the program organized by BPJS Health; (2) There was still a lack of information in the banner section, so it made people confused; (3) There were still people with JKN cards but did not know that Sei Baung Health Center provided access of services for JKN participants; (4) There was still a lack of adequate equipment so that patients could not optimally take the advantage of facilities that should be available at public health center, and there was still a lack of outreach activities from health human resources at public health center which caused a lack of public awareness to implement PHBS or Clean and Healthy Life Behavior ⁽¹⁰⁾.

Because there are several problems that arised during the implementation of JKN program at Sei Baung Health Center Palembang, the authors are interested in conducting research related to evaluation or studying more deeply about how the implementation of JKN program at Sei Baung Health Center Palembang, whether the JKN participants at public health center have received equitable service and

fair, and the extent to which program has been implemented. This study uses the evaluation criteria of smoothing policy ⁽¹¹⁾.

Method

This study uses a qualitative approach and also part of an umbrella study by Lecturers of the Faculty of Public Health, Sriwijaya University (Safriantini, Ainy and Idris, 2020) entitled “The Impact of National Health Insurance (JKN) for the Poor in Palembang City”. Informants in this study included the Head of the Sei Baung Health Center, general practitioners, dentists, general nurses, dental nurses, people in charge of the sick and healthy JKN program at Sei Baung Health Center, 5 (five) patients who were JKN participants at Sei Baung Health Center, and employees BPJS Health KC Palembang. Researchers use primary data sources collected and secondary data sources that were qualitative. The primary data source collected by the researcher was through interviews and moderate participatory observations. Meanwhile, secondary data sources come from the strategic plan of public health center every five years, the profile of Sei Baung Health Center, weekly, monthly, and annual work reports of public health services, and Standard Operating Procedures (SOP) of health services for general patients and JKN patients at public health center. Then, data that has been collected is processed and analyzed through several stages, such as raw data collection, data transcription, coding 1 and 2, data categorization, temporary conclusions, and also final conclusions. To obtain valid data, the researchers use triangulation of sources, data, and methods. Research is also carried out by checking whether the data collected is correct and accurately describes the phenomenon in research. The results of this data analysis will be presented in the form of narratives, tables, diagrams and pictures of the documentation

RESULT

Public Health Center Overview

Sei Baung Health Center is a health center in Ilir Barat I District which has mobile health center and supporting health center namely Pustu Kancil Putih which is located in the Village of Demang Lebar Daun. This health center is located in Demang Lebar Daun Village, Ilir Barat District I and has a working area based on the Decree of the Mayor of Palembang Number 188 of 2010 which consists of 2 (two) villages, namely Demang Lebar Daun Village and Twenty Six D One Village with an area of work 4.3 km, and a land area of ± 300 m².

1. Membership Coverage

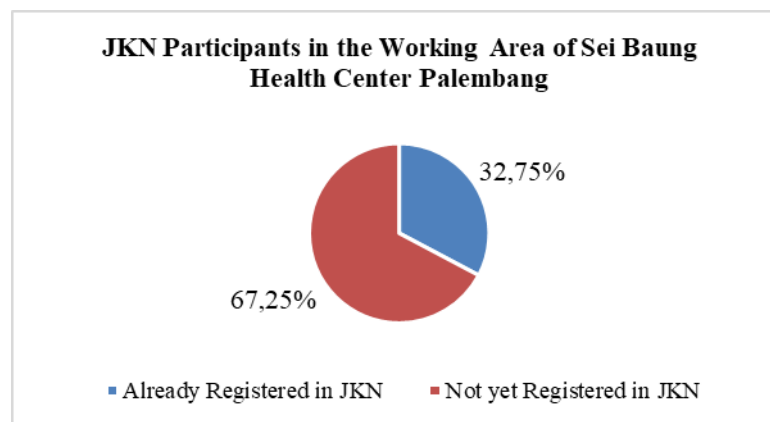


Figure 1 Percentage of the Number of Registered JKN Participants in the Work Area of the Sei Baung Health Center Palembang

National Health Insurance Program (JKN) has covered people living in the working area of Sei Baung Health Center, but not all people have become JKN participants, because there are still people in the Sei Baung Health Center working area who seek treatment without JKN membership. Based on a statement by BPJS Health employee for FKTP service, as of March 2021, the number of registered JKN participants only reached approximately 8000 participants, which the total population in the working area of Sei Baung Health Center, Demang Lebar Daun Village and Twenty Six D Satu Village, was 24,425 people. It showed that only about 32.75% of the total population in the working area of Sei Baung Health Center have become JKN participants.

Equitable Access to Health Services in JKN Program

In terms of equitable access to health services, the benefits of implementing JKN program in the public health center scope can already be felt by all parties, both Sei Baung Health Center officers and JKN participants, where public health center employees provide equal, fair and equitable services for all types of patients who need health services. This statement is in line with participatory observation, where all officers provide the same service, good and friendly attitude towards all types of patients.

"Enough, we don't differentiate between the patient, JKN participant or general public. It's all same here. For service, we try to provide maximum service." (R 5)

"It's all same, it's same. Even public patient or BPJS, it's still the same." (R 9)

JKN participants as the target group of the program, have directly benefited from the program and feel that it is easier for them to get access to the health services they need, started from screening examinations, treatment, referral services, vaccinations, consultations, to prescribing and administering drugs from public health center. All JKN patients who became informants also revealed that they had experienced and were able to access the same and fair health services, from the good attitude of employees when employees served them, the use of infrastructure, and the submission of referral services.

"Friendly, then the explanation is clear, she was told how to do it, it's clear that it's really good here." (R18)

"Sometimes, yes, we can also be annoyed, yes. Sometimes, there are so many people, because of this pandemic, they sometimes just talk inside public health center. Even though we need a quick referral..." (R 15)

In accessing the use of facilities and infrastructure, JKN patients have had the same access, toward facilities, equipment and medicines. However, there are still informants who say that Sei Baung Health Center is still lacking in the availability of infrastructure. Lack of infrastructure also occurs in the lack of some emergency equipment, contraceptives, and computers, printers, and internet networks, which is also supported by the results of interviews with public health center employees.

"For example, for our emergency actions, there is a lack of facilities for exploration... Exploration of wounds, if for example to be stabbed, for example, pierced by nails. We have name for that mess distury, maybe that's not enough. Then also for the cleaning fluid, namely H2O2, we don't have that either..." (R 5)

"In terms of infrastructure, maybe it's at the registration section, like there's only one computer, and it's like our printers still like fighting over it like that..." (R 10)



Figure 2 Supporting Infrastructure in JKN Program at Sei Baung Health Center Palembang

Based on the results of interviews, in accessing referral services, all informants at Sei Baung Health Center agreed that referral services were provided only for patients registered in JKN, and referral services were also given if needed and in accordance with medical indications or diagnoses.

“...so for reference, it must be in accordance with the indications. So if a patient wants to ask for a referral, we have to assess it first. Should it be referred, or can it still be handled here. So if it can still be treated here, of course we will give treatment here first.” (R2)

Discussion

Membership Coverage

Sari, and Idris (2019) revealed that JKN program aims to provide protection to all Indonesians with insurance, so that they are able to meet the basic health needs of the community, both for those who pay contributions and those paid by the government ⁽¹²⁾. The target of JKN Program is the achievement of Universal Health Coverage (UHC) throughout Indonesia by ensuring that all residents can access the highest quality health services ⁽¹³⁾. However, not all people have become JKN participants in the working area of Sei Baung Health Center, because there are still people who seek treatment without JKN membership. As of March 2021, only around 32.75% of the population in the working area of Sei Baung Health Center have become JKN participants. It showed that the coverage of JKN participation in the working area of Sei Baung Health Center has not been maximized. Kurniawati, Wahyu and Riris (2018) explained that the low coverage of JKN card ownership showed that there are still many people who are not aware toward the importance of JKN program benefit. This awareness means that the public knows, how to be willing and able to participate in the sustainability of JKN program so that they will openly receive the benefits of JKN program in Indonesia ⁽¹⁴⁾.

The low number of BPJS Health membership coverage has not become the focus or target of Sei Baung Health Center, because when interviews were conducted regarding people who have been registered in JKN program, none of public health center employees knew about the development of JKN membership coverage figures. In fact, although the participation coverage data come from the Public Health Office and BPJS Health, public health center should also know the development of community participation coverage in the working area of Sei Baung Health Center. Therefore, It can be an evaluation material for public health center, local government, and BPJS Health to continue and try to expand the coverage of participation where each party can ensure that all communities in the working

area of Sei Baung Health Center have become part of JKN-KIS or have reached Universal Health Coverage (UHC) which has become the goal of JKN program. It is also supported by the research of Sari, Bela and Idris (2019), where in order to increase the coverage of JKN participation, it is necessary to approach each region that has a low number of JKN membership through socialization, promotion, and intensive education related to benefits and registration mechanisms. JKN program ⁽¹²⁾.

Equitable Access to Health Services in JKN Program

Universal Health Coverage can be achieved consistently if all residents have registered actively as BPJS Health participants, especially for residents who are not JKN PBI participants and non PBI (wage workers) ⁽¹⁵⁾. The informants involved in this research are people with independent participation and PBI.

All informants from JKN participant category agreed that they had been able to access equal and fair health services, such as the attitude of employees when serving them, the use of infrastructure, and the service of submitting referrals. Then, all types of JKN patient participation have had equal access to the use of referral services, good infrastructure, facilities, equipment and medicines. It is also supported by the results of participatory observations, where employees provide the same service and attitude to all patients, from JKN patients to general patients. Optimal and equal service to all types of patients can have a positive impact on the implementation of JKN program. This service that does not discriminate between types of patient participation can encourage better patient health motivation, so that it can have an impact on the recovery and well-being of JKN participants ⁽¹⁶⁾.

A program can be said to be effective, efficient or sufficient, if the benefits of implementing the program can be felt equally. Equality will be seen in the fairness of obtaining health services for each target group, both general patients and those with different types of JKN-KIS participation, ranging from PBI participants to independent participants (PPU, PBPU, and BP). Equal and fair health services refer to the principle of administering JKN program, namely the principle of equity, where health services are provided equally and equitably to all participants according to medical diagnoses or indications, regardless of the amount of contributions paid by each participant. ⁽¹⁷⁾.

However, there are still informants who say that Sei Baung Health Center still has lack of the availability of infrastructure, starting from the availability of drugs which is often empty and it has also been confirmed by the results of document review in the pharmacy department. There were several types

of drugs that are often out of stock in the near future, for example *Cetirizine Tab* and pharmacy staff haven't write down how many types of drugs will run out/empty on the table they have made in the defect book since 2019. The defect book is a medium that can be used to record the number of requests and drugs sent to the pharmacy, where the recording is done by every pharmacist. This book is very important to be carried out regularly, because it can be used as a basis for ordering drugs from public health center. This defect book can also be used to assist the control process through stock taking and ABC analysis methods, so it can prevent drug stock outs and drug purchases outside public health center by patients (18).

This frequent shortage of drugs can encourage JKN patients to redeem drugs outside public health center and feel dissatisfied with the public health center services, where it can trigger patients to choose referral services. This is supported in the research of Kuwawenaruwa, et al. (2020), where the shortage of drugs in health facilities can be caused by inefficient procurement activities, the ability of employees to estimate drug needs, and requests for medical needs ⁽¹⁹⁾.

Different confirmations were obtained from public health center employees who stated that this drug stock out could also occur due to the lack of knowledge of JKN patients regarding what types of drugs

were covered by BPJS, so that JKN patients had to pay additional money for drugs that were not guaranteed in JKN program. Widiastuti, Ika (2017) explained in her research that JKN program is partial, which means that not all types of diseases and medicines can be covered in the BPJS Health program, so patients have to pay additional costs ⁽²⁰⁾. Therefore, Sei Baung Health Center can equate knowledge between public health center employees and JKN patients regarding the types of drugs that can be guaranteed by BPJS Health through socialization with KIE media.

Hartini, Rina (2017) revealed that inequality in health facilities can also be caused by variations in the income of each local government to the health needs of the community. The inequality of health facilities in JKN program can be an obstacle in carrying out the mission of achieving JKN's goals to improve access and quality of comprehensive, fair and equitable health services for all Indonesian people ⁽²¹⁾.

Therefore, public health center can review to carry out good planning, organizing, and evaluating the availability of supporting facilities for the implementation of JKN program, in order to prevent a shortage of drugs needed by JKN patients.

Conclusion and Recommendation

Based on the results of the study, not all people in the working area of the Sei Baung Health Center became JKN participants. As of March 2021, only around 32.75% of the population in the working area of Sei Baung Health Center have become JKN participants. In the criteria for equitable access to health services, all types of JKN patient participation agree that they have been able to access equal and fair health services, from the attitude of employees when serving them, the use of infrastructure, and the submission of referral services. However, patients participating in JKN still find that there is a shortage of the types of drugs needed and the attitude of employees who do not pay attention to the condition of public health center which is crowded with patient visits.

The suggestions that can be given to the Sei Baung Health Center are:

1. Providing replacement drugs that have the same function to replace empty drugs
2. Planning consistently for supporting facilities and infrastructure as well as other facilities needed in the operation of the puskesmas based on needs.
3. Creating educational media related to health services and what types of drugs are covered in JKN program in every room or environment around the public health center
4. Public health center can explicitly and consistently only provide referral services to JKN patients according to medical diagnoses or indications

Monitoring, evaluating, and increasing the scope of community participation in the working area of Sei Baung Health Center together with the local government. The Department of Social Affairs together with the local government in the working area of Sei Baung Health Center can test the

1. validity of population data. Sei Baung Health Center can play a role in reporting to the Social Service and local government to follow up on discrepancies in the type of JKN-KIS participation.

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Conflict of Interest

The authors declare no conflict of interest.

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