

Implementation of Health Policy on the Effectiveness of the Poor Certificate Program

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ABSTRAK

This study focuses on the implementation of health policies on the effectiveness of the Poor Certificate Program (Indonesia: Program Surat Keterangan Miskin / SKM) in Cangkang District, Bandung Regency which is not yet optimal. This can be seen from the lack of communication and socialization of employees to the community, inadequate human resources that hinder the implementation of the program, the bureaucratic structure which is usually long, so that people who do not understand to participate in this program experience many things, obstacles. The purpose of this study is to develop knowledge in the field of public administration, especially regarding the effectiveness of the implementation of the SKM in Cangkang District, Bandung Regency. The writer chose the descriptive qualitative research method because the author wanted to describe in detail and interpret the data or symptoms obtained during the research. Data collection techniques in this study using observation, interviews, literature studies and other data sources that support the research. The results showed that the effectiveness of the implementation of the SKM in Cangkang District, Bandung Regency was quite effective even though there were several obstacles, this was due to factors that were not yet optimal on effectiveness, both in terms of adaptability, the ability of officers to carry out their work, and resource achievement.

Keywords: Policy Implementation; Health Policy; SKM;

INTRODUCTION

The 1945 Constitution mandates that the State serves every citizen and citizen to exercise their basic rights in order to improve the people's welfare. All civil rights must be fulfilled by the government as a state administrator, namely in all areas of service, especially in the implementation of civil rights and the privileges of community teachers. That is, everything that concerns the lives of many people or requires a service that provides satisfaction in meeting the needs of the community as intended (Ragasa, 2018).

Health is a basic right of every individual and all citizens have the right to health services, including the poor. The State Constitution and Law Number 40 of 2004 concerning the Mandate of the National Social Security System to provide protection to the poor, children and neglected people as well as the poor whose health financing is guaranteed by the government. In accordance with the mandate of the 1945 Constitution Article 28 H paragraph (1) which states that everyone has the right to live in physical and spiritual prosperity, to have a place to live and to a good and healthy environment and has the right to health. services, the basis of society, each has the right to health services. Meanwhile, according to Law Number 23 of 1992 concerning Health, it is regulated in its explanation that increasing the degree of community welfare and awareness of healthy living is the success of development in various fields.

One of the government programs being implemented is Social Security Agency of Health (Indonesia: *Badan Penyelenggara Jaminan Sosial / BPJS*) (Anas & Mujiyati, 2020; Efendi & Suharsono, 2019; Rasyidin et al., 2017). BPJS Health is a national contribution guarantee program organized by SOEs based on contributions. There are two BPJS memberships each:

1. Participants classified as Contribution Assistance Recipients (Indonesia: *Program Bantuan Iuran / PBI*) are the poor and underprivileged by determining participants in accordance with the provisions of laws and regulations. (contributions are borne by the government, participants do not need to pay a monthly fee).
2. Participants are classified as non-beneficiaries or in other words contributors who pay contributions, with a certain percentage in accordance with the institution where the participant works or are paid entirely personally.

So it is clear that the poor are entitled to health services through the Social Security Recipients of Labor (Indonesia: *Jaminan Sosial Tenaga Kerja / Jamsostek*).

The government has issued Government Regulation No. 101 of 2012 regarding the Beneficiary Contribution Assistance Program (PBI). The scheme regulates who is entitled to assistance in paying health insurance contributions from the government received from the State Revenue and Expenditure Budget (Indonesia: *Anggaran Pendapatan Belanja Negara / APBN*). The regulation states that the recipients of the Health Insurance Act (PBI) are intended for the poor and underprivileged. Poor people are defined as people who have no livelihood at all, but it is not sufficient to meet the necessities of life for themselves and their families. Meanwhile, poor people are people who have a source of livelihood, salary or wages, who can only meet decent basic needs, but are unable to pay premiums for themselves or their families (Paasche, 2013).

From the explanation above, it is clear that the initial purpose of this program was to maintain the health of the underprivileged with standardized services, from health centers to outpatient hospitals. However, how can people who can not afford to get health insurance, then the community must meet the requirements that have been determined, including having a bad certificate in the local village.

As a government organization, Cangkang District, Bandung Regency is obliged to carry out its main duties and functions as a service provider to the community. One of them is the implementation of health policies through the implementation of the poverty certificate program (SKM). To get health services from the BPJS program, the community must obtain a poverty certificate (SKM) from the sub-district as an application to get this service. To get the Poor Certificate Program (SKM) in Cangkang District, Bandung Regency, residents must first submit and fulfill the requirements, starting from the Neighborhood Association, the Citizen Association, and the village .

In connection with the main tasks mentioned above, the Cangkang District, Bandung Regency is one of the government agencies engaged in the implementation of the Poor Certificate (SKM) program. In carrying out its duties, Cangkang District,

Bandung Regency runs the program in accordance with applicable regulations and must be very effective in avoiding sudden deviations and ensuring the flow of information is received by the Neighborhood Association (Indonesia: *Rukun Tetangga*/RW, Village in the Subdistrict can operate smoothly, effectively and efficiently. Until now, in Cangkuang District, Bandung Regency, 1295 SKMs have been obtained from 3000 people who can't afford it.

METHOD

In this study, qualitative research is used to study the state of natural objects, with the researcher as the key instrument. Data collection techniques are carried out through triangulation or a combination of inductive data analysis, and the results of qualitative research emphasize importance rather than generalization. (Creswell & Clark, 2017) shows that in qualitative research the instrument is the research itself, so to become an instrument the researcher must have broad theory and insight in order to be able to ask, analyze, photograph and construct the object under study. become clearer and more meaningful.

To obtain data regarding the implementation of health policies on the effectiveness of the Poor Certificate Program (SKM) in Cangkuang District, Bandung Regency, research data measuring instruments such as observations, interviews and literature studies were used. As already stated, the main focus of this research is the implementation of health policies on the effectiveness of the Poor Certificate Program (SKM) in Cangkuang District, Bandung Regency. Meanwhile, the primary data source is carried out directly on the respondents who have been previously determined. The technique used in data collection is adjusted for operational variables.

RESULTS AND DISCUSSION

At the end of 2012, the government issued Government Regulation Number 101 of 2012 concerning Contribution Assistance Recipients (PBI). The scheme basically regulates who is entitled to receive assistance when paying government health insurance contributions which are managed from the APBN. This Health Insurance came into effect on January 1, 2014. Under this scheme, the PBI Health Insurance is intended for the poor and underprivileged.

The Ministry of Social Affairs has the authority to determine the criteria for the poor and underprivileged after consulting the minister and/or the head of the institution concerned. The criteria set by the ministry are then followed up by the Central Statistics Agency (BPS) with data collection. However, it is not easy for the community to get free health services from the government, the community needs to make a Certificate of

Disability (Indonesia: *Surat Keterangan Tidak Mampu / SKTM*) / Certificate of Poor (SKM) from the local government.

Certificate of Poor (SKM) / Certificate of Disability (SKTM) is a social assistance program for health services for the poor and underprivileged. This program is held nationally so that cross subsidies occur to realize integrated health services for the poor. The existence of this certificate is a form of government policy to continue previous programs related to the implementation of health insurance for poor families which is not yet optimal at the implementation stage. This has its own implications for poor families who want cheap but quality health services. Therefore, it is hoped that the Certificate of Poor (SKM) will be able to provide health programs for the poor.

To get a Poor Certificate (SKM) of course, the community must have the requirements and data information that can be submitted to employees so that the process runs well. Documents that must be brought are the provision of documents needed in making a Certificate of Incapacity because it is legal. Documents in making a Certificate of Disability are more or less like the requirements, but only 3 types of document files, namely the Original Family Card (KK) and photocopies (3 sheets), ID cards and photocopies (3 sheets), and a statement letter from the RT/RW local. People who do not have these documents, they cannot make a Certificate of Disability. For people who have completed the documents for making a Disability Certificate, a Disability Certificate will be issued, and can be used as needed, to the Puskesmas or the Social Security Administering Body (BPJS) (Feliu & Aarab, 2019; Yörük et al., 2019; Zhang, 2015).

The procedure for making a certificate is carried out by the staff in the Public Service Section from the applicant providing the required file to the officer receiving the file, the applicant submits a recommendation for a Poor Certificate to the officer to the officer receiving the file, the officer will receive the file and verify its completeness, the Head of the Public Service Section will validate and give approval, if the file is complete and the assessment is not appropriate, then the file will be returned to the applicant (Abdelmotaleb & Saha, 2018; Budi et al., 2015; Daraba et al., 2018; Dong, 2015; Osborne et al., 2013; Rengifurwarin et al., 2018; Wollmann et al., 2010). But if successful, the file will be approved by the Camat. The officer registers and stamps on the Certificate of Poor, the officer will give it to the applicant, or the applicant who takes the Certificate of Disability. The officer's time in making a Certificate of Incapacity, takes a maximum of 1 working day.

Based on the results of the author's research, information is obtained that, there are still some people who do not know the documents that must be brought at the beginning in making a Certificate of Incapacity, unless the community has been directed by the Cangkuang District Office employee, Bandung Regency. The community considers that the service of employees at the Cangkuang District Office, Bandung Regency is unclear, because they give an appointment for 1 day. However, at the time promised, the requirements have not yet been fulfilled.

The response from people who received services at the Cangkuang District Office, Bandung Regency said that the procedure for making SKTM / SKM was quite easy but the process was not good, because it took quite a long time. even though in the process of administering the SKTM / SKM, all the requirements have been met for smooth administration and completeness of data for the Cangkuang District Office, Bandung Regency, but still the service process takes a little longer than expected and sometimes takes a long time.

Factors that hinder the process of making a Certificate of Poor (SKM) can be seen from several points, namely:

1. The Government of Cangkuang District, Bandung Regency has not made a Standard Operating Procedure. An obstacle to the implementation of the Certificate of Incapacity service for the Cangkuang District, Bandung Regency, is that they have not made a Standard Operating Procedure (SOP) to determine the criteria for poor eligibility for the requirements and conditions for people who are entitled to a Certificate of Disability (SKTM), even though it has referred to the Ministerial Decree. Application of State Apparatus No. 63 of 2003 concerning Public Services. Another reason also happened, from the Head of RT in Cangkuang District, Bandung Regency who did not pay attention to the needs of the community, such as making BPJS for poor families, the RT Chair should be able to provide assistance, for people in need, unlike the poor who use private vehicles, cellphones expensive, wearing gold jewelry, and expensive clothes, whose parents are educated on average high school graduates.
2. The limited number of employees who serve the community in making a Certificate of Disability, because the Cangkuang District Government, Bandung Regency is still short of employees. The Cangkuang District Government of Bandung Regency has a limited number of employees, so the Cangkuang District Government of Bandung Regency still lacks personnel who provide services to the community in making Certificates of Disability. The problem faced by the Cangkuang District Government, Bandung Regency, is the lack of employees or human resources in the Service Section, such as in the service section there are 3 people, on duty in the registration section there is 1 person, who serves approximately 10-20 people per day. Sometimes the 3 staff members are not there.
3. Limited facilities and infrastructure in the Cangkuang District Government, Bandung Regency to serve the community, so that in making a Certificate of Disability, employees cannot complete tasks in a fast time. The Cangkuang District Government, Bandung Regency has limited tools to serve the community, so that in making the Certificate of Disability, the community assesses the Cangkuang District Government employees, Bandung Regency, who prolong the service time, which should be completed in one day but it takes a long time. Due to the limitations of the tools used to make the Certificate of Disability, the completion is slow. The completeness of the infrastructure is related to the ability of the Cangkuang District Office, Bandung Regency to support and succeed in the services provided to the community, in making

a Certificate of Disability. However, the available facilities and infrastructure are not sufficient for community service standards, which incidentally must be able to accommodate the needs of the volume of society, which requires services not only to produce a Certificate of Disability. Because the Cangkuang District Government, Bandung Regency only has 5 computers and 4 printers for 3 Heads of Affairs (Indonesia: Kepala Urusan / KAUR) and 3 Sections, thus causing delays in the processing of making Certificates of Disability.

4. Socialization and communication that have not been optimal so that it hinders the community in making this certificate. The community does not know the procedures and requirements in making a Certificate of Disability, so that the community cannot complete the document in the planned time. People in Cangkuang District, Bandung Regency, not all know the established procedures. Many people who receive services from the Service Section staff at the Cangkuang District Office, Bandung Regency, have not provided the required documents according to the requirements for making SKTM / SKM, so that employees find obstacles in providing Disability Certificate services that cannot be completed in one day at the District office. Cangkuang, Bandung Regency.
5. There are inaccurate data on the poor. This is because people want free services from the government. When there are free programs from the government, the data inflated for the poor in one village is up to 100%. For example: When the BPJS PBI program was held, suddenly the poor people exploded, from the data in the village and Subdistrict there were 1295 poor people, to 3000 poor people who registered SKM (Poor Certificates).

CONCLUSION

In practice, the management of SKTM is still not optimal, not prioritizing quality and quantity for people who need services. There were several SKTM completions at the promised time, it turned out that the SKTM had not been completed or did not exist. This makes people assume that the government is deliberately measuring time in order to get a reward for services from people who can't wait because the situation already requires an SKTM document. District office apparatus officers who are involved in managing SKTM often experience obstacles in the completion time due to the facilities and even completeness of bank data from the public who are interested in managing the SKTM as well as from the service provider. There are inaccurate data on poor people. This is because people want free services from the government. When there are free programs from the government, the data inflated for the poor in one village is up to 100%. from the data in the village, there are 1295 poor people, to 3000 poor people who register SKM.

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