

Community Health Policy Guarantee Implementation Banyumas Regency. Central Java Province of Indonesia

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ABSTRACT

Implementation of the Health Insurance Society in Sub Banyumas since 2008 but due to the relatively complex administrative Cards must have tick population and family card to be able to use Jamkesmas. Jamkesma receiver thus not necessarily entitled to receive is given to a more capable, because of the selection system submitted to the head of Citizen Pillars (RW) and the neighbouring Pillar (RT). Monitoring and evaluation work is not running as it should, so accuracy is not yet optimal target Jamkesmas ..Banyumas Regency Jamkesmas service is adequate, both in Puskesmas general ill at home and as a reference, adequate waiting room, and parking area and relatively clean. The doctor specialist assisted GPS, addressing treatment of sick patients according to their respective expertise despite limited numbers if difficult to find a replacement holiday with the same quality, the treatment was generally be friendly and polite. Outpatient treatment bed placed in the class to be mixed near the barn, next to many patients, the majority of patients using Jamkesmas card until the atmosphere is relatively noisy, hot, smelly and unpleasant.

KEYWORDS: Jamkesmas, ministry, effectiveness, poverty, free

INTRODUCTION

Based on the Law of the Republic of Indonesian Number 40 of 2004 [1] on the national social security systems mandate to provide protection for the poor who can not be borne by the national health financing. Social security protection to the government, as the basis for policy implementation Public Health Security and Banyumas District implemented since 2008, to replace the old program of Community Health Insurance for Poor (ASKESKIN). National Health Development Planning, based on Law number 32 year 2004 [2] about district autonomy. Local governments are obliged to and responsibility in the compilation of administration and organizations in planning and implementation of regional development, including community health improvement program. There is starting from the planning of regional development in the long term development for the duration of 20 years, forbid term development plan for a period of 5 years, and in the short term development plan that is the duration of one year. Banyumas district government should gradually implement the development schedule has been conducted since the year 2005, be subject Follow up updated with the results of Banyumas Regent Number 18 of 2011 [3] of the compilation of long term development plan that is Regency in 2005 to the year 2025, the development of the region in the long span of time that is secondary 2008 until the year 2013.

Annual district development plan implemented through the Planning Consultative Development by involving various stakeholders. Implementation of annual development work plan to include discussion of development planning Rural / Village, district and regency level work unit. Banyumas Regency development are of concern at the reduction in the number of such poverty. Banyumas regency government work report in 2011 said that, at t people. Poverty interpreted, that humans can not meet the need for tree year the 2007 total was 172,581 poor households. In the year 2011 dropped to 31,398 poor households, which is around 30% of the total population of 1,553,902 as clothing, food, and health board normally. The magnitude of poverty to ensure public health, Banyumas regency allocated funds derived from the estimated expenses of district revenue in 2011, is Rp. 187,339,637,738.00. Among other things provided for the implementation of development programs within health, public health efforts, poor health services, communicable disease prevention and handling and will not spread. The magnitude of the number and scope of health activities, can not borne Banyumas regency levels of government, the District government to work with the Office of the Ministry of Banyumas Health Centre Community Health Insurance program. Public health assurance program (Jamkesemas) written in the latest decision of the Health Republic of Indonesian Number 903/MENKES/PER/V/2011, which is a program in the field of social protection to ensure that the poor health and unable to budgeting paid by the government to policy requirements a qualified health needs are met. All program costs Jamkesmas sourced from funds of estimated income and expenses (state budget). Virtually Jamkesmas health services became the responsibility of participants and implemented jointly by the central government, working with local governments / municipalities, and provinces. Local governments are obliged to

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contribute so as to produce an optimal service for all of society is entitled to a free community. Based on all the description can be summarized in a formulation of the problem how the implementation of the Community Health Insurance Programme in Banyumas regency, Central Java Province?

The purpose of research it became clear, it must be formulated in the form of security that consists of several goals to be achieved, namely to explain, describe, analyse and provide different interpretations of the main purposes of the community Health Insurance Program (Jamkesmas) that among other things such as Jamkesmas membership accuracy and the service quality Jamkesmas. This research can be used as a mould repair Jamkesmas ongoing policy at this time, while it can be used as template for policy making related to community health services.

MATERIALS AND METHODS

Every citizen is entitled to obtain health care services, because health is a basic right of every individual, including community poor. Law number 40 of 2004 [1] clarify the mandate of national social security system to provide protection for the poor and those who can not afford the health care financing borne by the country. Health is very important for the individual, society and government, because it can affect the quality of human resources, work productivity, income, which ultimately impact on the level of prosperity, mortality and income citizens. Government look is very important in providing services, especially health care to disadvantaged communities, the Minister of Health published the results of the Republic of Indonesia Number 903/MENKES/PER/V/2011, which is a program in the field of social protection to ensure that the poor health and unable to the budgeting paid by the Government to be eligible for health policy requirements are met.

The law number 40 of 2004 [1], as a constitutional basis for government policy to be under an obligation, is responsible in providing health services to the community especially for those in need, namely the poor, the policy Jamkesmas (Community health guarantee.). Law number 40 in 2004 [1] be applied among others to raise awareness, willingness and ability for health, healthy life for all people to achieve the highest degree of health to the community. Health as an expensive capital investment for the improvement of human resources development, government stakeholders expire rolling quality health and social security, fairness, over, peace and good. Each hospital and clinic in urgent circumstances is prohibited refuse to take patients less able to care and treatment, in order to escape death and permanent disability. Assurance Program implemented in Central public health and hospital in a number of which have received a referral from Jamkesmas program, finished spread evenly throughout the territory of Indonesian. Jamkesmas membership target throughout Indonesian in 2011 was 76.4 million people; the total quota assigned to Banyumas regency government in 2011 to 658,945 Banyumas community spirit. Period of 2011 funds allocated implementation policy activities of Community Health Insurance (Jamkesmas) is Rp14.485.675, 00.

Community participants must obtain a letter Jamkesmas on proposals from local governments through the proposal of the chief tenets of neighbours (RT) and the chief tenets of citizens (RW) shared for free. When you need care at home sick, the terms shall be provided the applicant is to submit copy people sign a card and family card, then to the clinic looking for a letter of reference so as to obtain care services or free lodging at the public hospital that has been shown by the government. Poverty is associated with health level everyone, because of a low income in the poor result in bad dwelling house, minimal health care low education and health knowledge, poor life style, poor nutrition, and other apathies. Culture of poverty, better known as the soul Fatalistic this case presented by E M Rogers [4], that is the attitude of the soul of a passive apathies (submission) on efforts to improve the condition of the possibility of life. Fatalistic soul is made difficult to improve the standard of living is better for public poor planning because they do not have ambitions better future. Community Health Insurance Policies as accurate solutions to improve the quality of health from the interference of various diseases in the community who can not afford. Implementation of public health security policy is to produce a good policy, of course influenced by a variety of problems. Example the importance of implementation, the quality of human resources, resources allocated funds in public policy and others, as this case presented by Merilee Grindle [5] as follow:

- a. Competence, staff have the necessary expertise and knowledge to help solve a variety of problems.
- b. Courtesy staff are friendly, respect, care and friendship.
- c. Credibility service provider can be trusted and honest.
- d. Security is a sense of security escapes from danger, risk and doubt, for the customer.
- e. Access services accessible, available and accessible.
- f. Communication, love listening to customers and appreciate the care commentary right knows customers a variety of problems.
- g. Understanding the Customer, trying to dig / understand customers from a variety of needs right knows customers a variety of problems.

New bureaucracy to perform the duties in offices as well policy implementation when supported by political will and areal support from the leaders of the bureaucracy that can bind around the bureaucrats in the

act with a standard service quality standards. To obtain the necessary political decisions and also the morality of good faith without any interests which are personal, especially the politicians who sit on the board of the legislature. But in reality many decisions to combat the disease of bureaucracy such as corruption collusion and nepotism, is not a simple matter because in it there are clusters of authorities who do not want to be aggrieved by the rule that good governance.

Approach and study type

In this research is using qualitative approach more emphasis on process than on results alone. As the study of trees in this study is the Health Insurance Program Implementation Society in Sub-Banyumas; Central Java Province. In the perspective of qualitative research should be able to explain in detail various issues to be centre of attention in the research [6]. Implementation of the Health Insurance policy research community can be categorized as a qualitative research approach, where researchers in seems results could explain in exhaustive, elaborate in detail, about the various problems that the research centre, while the research instruments to be used in this study is,

The focus of research

The determination of the focus of this research has two purposes

1. Limit the focus of studies will definitely determine the mean with the focus, the determination of a more qualified research sites.
2. The determination of the effective focal measures the exclusion to inclusion can drag the incoming information. Possibility data attractive enough, but if they are viewed not relevant such data do not relevant to the focus security then the data the data is could be ignored. As presented by Straus [7] that focus on research is very important role in research, that can be used as a means to make an informed decision about which data will be collected and not have to be worn or removed. The focus of research in principle must be consistent based on the formulation of the problem and purpose of the research that has been made.

The implementation of the Health Insurance Society in Banyumas; is the implementation of the Community health Guarantee is a guarantee of public health referred to as Jamkesmas is a guarantee of maintenance of national health of state budget funds, followed health care, the body appointed by the organizers and their organization of national health ministries office. Jamkesmas is a program in the field of social protection to ensure that the poor health and unable to budgeting paid by the government to be eligible for health policy requirements are met. Virtually Jamkesmas health services became the responsibility of participants and implemented jointly by the central government, working with local Government or municipalities, and provinces. Local governments are obliged to contribute so as to produce an optimal service for all of society is entitled to a free community. The purposes and policy implementation at the District Banyumas Jamkesmas serve as the focus in this research which includes,

- A. Community Health Insurance followed accuracy, that accuracy Jamkesmas gift card society means the right to free card should be completely healthy people in need, poor, do not have the ability to cost pain medication at home or in the clinic.
- B. The service quality Jamkesmas, that includes the quality of physical facilities, equipment, printed and visual materials, including written material easy to understand, modern technology, wore decent and attractive facilities. Ability to accurately establish the service as promised. The desire to help customers to provide prompt service, that service users and staff quickly responsive like to meet customer demand, the ministry of a serious caution and care. Staffs have expertise and knowledge needed to help heal patients. Health staff are friendly, respect, care and friendship. Service provider can be trusted and honest. Sense of security escapes from danger, risk and doubt in healthy. Service accessible, available and accessible. Health workers like listening to patients and patients appreciate the commentary to correct a variety of knows the problem. Health workers trying to dig / understand patients from various from need of person. Data fit with results as material to be analysed in this study, the focus of research into the mold to find a variety of problems and new research centre known as a whole after the implementation of research.

The study site

Strauss [4] submit that the choice of location must meet various conditions, namely (a) In accordance with the substance of research, because the location could provide research that examined substance problems mentioned in advance. (b) able to provide input, the location can provide sufficient data relating to the implementation problems of public health Guarantee Banyumas Regency. (c). The choice of

location makes it easier for researchers to get more information related to various research questions and research has revealed enough to recognize and facilitate the various problems that arise.

In this connection, researchers have started from the consists of government institutions, offices Banyumas district department of health as the executor of the community the Health Insurance program. District General Hospital as the service organizer Jamkesmas, Chief People Pillar, Head of Neighbourhood, a society that is competent recipient and non recipient Jamkesmas program. Various bureaucratic and competent elements of society, was chosen as resource persons because they know once Jamkesmas program. Then from all the data coming in on a cross check, and review of the data takes as much and as complete as possible from various locations to address the research problem.

Types and Data Sources

According to its type, the data obtained can be classified into two: the Primary data and Secondary data, which is as follows.

- a. Primary data. Primary data is obtained directly interview the source or data obtained directly from the field itself. In this effort researchers have started from the institutions of government and society that is competent in relation to this research.
- b. Secondary data is data obtained indirectly that reinforce or support the primary data sourced from various documents and archives, the archives relating to the title's history.

Data analysis

In the data analysis process analysis continues to reach for the collection of field data collection is considered justified and deemed complete by the researchers. Implemented include a number of activities that is studying the data, grouping data, find what is important according to the relevance and focus research, learn and decide what has been reported. With this analysis of data expected to reveal what is still to be found, many questions of what needs to be answered, how what should be improved by the various data entry and have been analysed by researchers. In the data analysis in this study refers to the thinking of Miles and Huberman [8]. Covering a range phasing and process as follows:

- a. Data collection, a researcher must be able to collect as much data and complete to be able to give answers from the root of the problems being investigated in a study. Data obtained by a researcher can be qualitatively and quantitatively, which eventually can be removed once treated a variety of information that is deemed unnecessary.
- b. Data reduction. Because the data are overlapping in nature, it must reduction, and fulfil. In this process the data is sorted-Segment and simplified, in the trees of the relevant issues, focusing on key problems and the search pattern. In this way will be more systematic arrangement of data and provide real world images. While unnecessary data is removed, to facilitate the display, while presenting and draw conclusions.
- c. Data presentation, which is to look at as a whole or certain parts of the study, data were sorted and culled Segment was compiled according to a related category to be displayed in accordance with the difficulties encountered. In addition, can be used as a manufacturing base percentage, including the making of the provisional conclusions of the time reduced to data.
- d. Interesting conclusion, that is the process to draw conclusions from the various categories of data that has been reduced to and presented to lead to a final conclusion could answer, explain the various issues related to implementation of the Health Insurance community Banyumas Regency, Central Java Province.

Data validity

Each study requires a standard to see the degree of faith or truth of research results. In the standard qualitative research data validity by Sutopo [9] can use several techniques to mutual support that is among others:

- a. Participating in Jamkesmas start, researchers are the instrument in qualitative research, that participation in Jamkesmas start researchers will determine the quality of data collection, data validity and can apply the concepts of legitimacy in the field. Associated with this study, researchers will join with a direct jump field, with so many constraints, the ground immediately known, the broken and anticipate.
- b. Diligent observation, that is the impetus to find the features and elements in the relevant situation, and certainly is very subjective, the meaning depends on the ability and researchers sentiment it self, to capture a variety of social phenomena that appear
- c. Triangulation, these techniques take advantage of something that needs checking out data or the findings of benchmark field data with data obtained from other sources in a variety of field research. The process of comparison and checking at a different time and with the use of different

methods. This ride has three patterns of triangulation can be done, namely, comparison of the various data, various sources and different data collection techniques. This method is implemented is intended to reduce the various data acquisition bias, can be held answerable to the truth.

- d. Researchers should discuss with other people who have knowledge of the problem tree Jamkesmas, in naturalistic or qualitative research. The presence of this discussion, among others seek the criticism, many questions are sharp, useful and challenging to produce better quality research.
- e. Please check you provide, the process is carried out at the end of the interview to check again, a broad variety of things that have been presented by the informants, especially data on the implementation of the Health Insurance Society in Banyumas. Activity to check that this is done on all parties as a source of data and informants in this study, both the key informant and other informants.

RESULTS AND DISCUSSION

Outcomes and Result

So frequent development implemented by the Government of Regency in Banyumas still leaves many questions, especially poverty. Difficult to curb poverty because of a poor culture has long been rooted strongly they feel so poor old culture which results in poor absolute poor means poorly educated, have no ambition to improve, have no capital, membership lower employment, low productivity, low savings, low investment, low income, so hereditary condition in children which results in a vicious circle of poverty is not endless and meaningless. Banyumas Regent Rules Number 18 of 2011 [3] of a plan of local government work, says the main priority is eradication poverty. Banyumas district poverty relative amount of the spread in the countryside, and urban areas, in order to avoid disruption of cartilage health and disability dialling mortality / death, to implement public health security policy, namely the form of medical insurance for people who are not able to get a free medical various health services centre that has been recommended. Health service centres, amongst others in the clinic, public hospital district and many other hospitals outside the Purbalingga regency, where the district hospital could not handle and gave reference hospital transfer and complete a higher class. Public policy in order to be powerful and successful use, it should be good implementation Jamkesmas policy in the service and accurate in providing care for needy people for free.

Selection of Procurement Cards Jamkesmas accuracy

Accuracy of citizens to obtain the card selection for the less able Jamkesmas, meaning people who have a right to free card should be completely medical people in need, poor, do not have the ability at the expense and pain treatment at home or in clinic. Determine the accuracy of the poor, not able to obtain this Jamkesmas implementation of Staff and Chief Pillar events. Since there is no routine monitoring system, so that should happen not only if the accuracy in choosing the person entitled to obtain Jamkesmas card. Jamkesmas policy implementation, many actors have different interests involved directly hidden, as well as the resources involved in it has limited power and authority, can only head of RT / RW can not refuse a citizen to obtain Jamkesmas insist, though they could belong. Administrative conditions must be met to obtain Jamkesmas population that is must have a card and family card is still valid, as this case presented by Mr. Agus Rinto Rw 08 as Chief, Village grendeng PURWOKERTO North. Kab Banyumas district that said,

“I as Chief RW, very concerned about my people and Ratun Nardim name as he was very poor example, but do not have ID card and family card because people stupid and lazy, if there illness who would finance his own will suffer. Jamkesmas card when their division is not given, because it does not have a card free of population and family card anyway because it can not be used because a key requirement. We still prefer that Jamkesmas card for the poor, can not, but the requirements should be complete, do not hassle someone else. Administrative requirements difficult for the poor relatively inexperienced and stupid cause not get free medical card, RT / RW would not bother hassles, thus Jamkesmas card given to those who are able, as this case presented by Mr. Nardim who reside in the RT 01 / RW 08, PURWOKERTO Grendeng. North district Regency of Banyumas I am currently unable Jamkesmas card I actually need one, when I had to buy medicine at small shop pain alone, or if you have money to pay their own medical at the clinic, but if ill give up what will happen I do not think turning in circles, I wonder as Sarkim man could thus be given as close to the Mr. RT. I'm rich males made managers at most ridiculed ashamed because I am a poor, but some are stubborn though I know could needs free traders, like Mother Tarmilah medical finally free.”

Concern of community leaders to provide guidance in the management of mind energy assistance Jamkesmas card belonging to very poor, in addition to proximity, pressure for implementing the program (RT / RW) is very dominant in the procurement card Jamkesmas, so stay away from effective and efficient. Effectiveness problems jamkesmas revenue less accurate due to system performance evaluation apparatus monitoring and the rule of not running as it should be up to various forms of abuse can not be immediately resolved.

The service quality Jamkesmas

The service quality Jamkesmas, that includes the quality of physical facilities, equipment, printed materials, conduct polite and attractive facilities. The desire is to help customers to provide immediate health services, Task Force membership and have the necessary knowledge to help heal patients. Health staff are friendly, respect, care and friendship. Service provider can be trusted and honest. Sense of security is escape from danger, risk and doubt in medical. Service accessible, available and accessible Health workers like listening to patients and patients appreciate the commentary to the right knows variety of health problems being faced. Implementation of the program relative Jamkesmas in delivering services to Jamkesmas, although patients are sometimes wrong in choosing reference hospitals that have not been able to provide optimal service as this case presented by Mr. Mawardi in villages Grendeng. HP Banyumas, I use the card Jamkesmas in Army Hospital Department of Health (DKT), when my wife sick heart disease, classified as good service is just placed in a hospital ward class, less noisy conditions calm, a bit smelly aware of the ill, the majority is full of people ill use of the facilities Jamkesmas. I also had my wife mistakenly put into a medical specialist hospital Sinarkasih very least, more seriously, eventually I move back in the hospital DKT, because by Nona treating medical specialist holidays, my wife died last pass feast Banyumas Department of Health and District General Hospital Margono. Treatment of disease treatment by doctor on duty at the Hospital Ngadinem Purwokeerto DKT said, I work as a doctor DKT Hospital PURWOKERTO patients often does not distinguish between the use Jamkesmas to pay for itself, only the limited number of medical specialist, if leave difficult ones with the same quality, prompt hospital and a relatively small area has not been able to provide a optimal. Class lodging space sheds a lot of residents, mostly using a government guarantee of free health, even if you had given ration. This situation will of course be quite noisy less comfortable, it is intended that the cost of cheap lodging, which was set by the government.

Jamkesmas policy even though not yet able to provide excellent service because of budget but has a lot to help patients who can not afford their own expense. In the reign of the New Order free cost of care is not available, authorities concern to poor people is very less, only after the reform by azas Democratization, Decentralization and globalization of the fate of the small current is relatively better, though not yet able to significantly reduce poverty, economic imbalance and corruption is still relatively high figure.

CONCLUSION

- a. Research results show that the implementation of the Health Insurance Society in part Banyumas since 2008, but due to the relatively complex administrative process, should have a National ID Card in the family and caring help from the head of RT / RW less, so be entitled to receive Jamkesmas thus did not receive cards. Head of Neighbourhood and Chief People have different interests Pillar to those thought to be close and well Jamkesmas card. Some people insist that belongs able to finally beat Jamkesmas community card that should be free health care services. Various inaccuracies Jamkesmas revenue because since 2005 until now there has been no routine monitoring and logging anniversary of the District government apparatus Banyumas
- b. Banyumas Regency Jamkesmas service is adequate, both in Puskemas general ill at home or as a reference, adequate waiting room, parking area and relatively clean. The doctor specialist assisted GPS, addressing treatment of sick patients according to their respective expertise despite limited numbers, if leave difficult to find a replacement with the same quality, the treatment was generally be friendly and polite. Outpatient treatment bed placed in the class to be mixed near the barn, next to many patients, the majority of patients using Jamkesmas card until the atmosphere is relatively noisy, hot, smelly and unpleasant. Health care services should always ask a referral from the clinic, and if you want to treat more sick larger home. This increase in cost, length administrative, which eventually make it difficult for patients who are older, less experienced and do not understand, administration.

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