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Study on Implementation of JKN Programs in the Fisherman of Caddi Barrang Islands Communities in Supporting the Achievement of UHC+ Perspective Dimensions of Health Services

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Abstract

The National Health Insurance (JKN) program is a health protection guarantee program so that the community can obtain maintenance and protection benefits in meeting basic health needs in order to achieve universal health coverage (UHC) indicators. Makassar City as a world city still has a group of islands that do not yet have health service facilities. The purpose of this research is to explore and study the implementation of the JKN program in the fishing communities of the Barrang Caddi Islands in supporting the achievement of UHC + from the perspective of the health service dimension. This research uses qualitative research. There were 22 informants in this study consisting of 4 key informants using in-depth interviews and 18 FGD participants. The results showed that the nearest health care facility for the fishing community on Lanjukang Island was the *pustu* (Supporting Community Health Center) (Supporting Community Health Center) on Langkai Island. Remote health facilities and limited access make it difficult for fishing communities in emergencies to access health services. The availability of medicines and health workers is sufficient but the performance of health workers is still complained by the community. Facilities provided by the government in the form of sea ambulances and home care services have never been felt by the community on Lanjukang Island. Health facilities should be provided on Lanjukang Island, available resources are maximally empowered and provide transportation that can be used to facilitate access to health services during emergencies.

Keywords: JKN, UHC, fishing communities, Islands, Service Coverage

1. Introduction

The National Health Insurance Program (JKN) is a guarantee program in the form of health protection so that the community receives health care benefits and protection in meeting basic health needs provided to everyone who has paid contributions or the contributions are paid by the government. The target in the JKN program is the achievement of universal health coverage or Universal Health Coverage (Mujiati & Yuniar, 2017).

Universal Health Coverage (UHC) is the goal or ideals in the delivery of public health services with the basic concept that all individuals are able to access the health services they need at affordable costs so that all residents can access quality health services according to their medical needs (Adiyanta, 2020). A country can be said to be UHC if 95% or as many as 160 million people in the country participate in the National Health Insurance program. In WHO guidelines (2010), UHC has three dimensions that must be fulfilled, namely membership coverage, service coverage, and financial protection coverage (Rahayu et al., 2020).

Accessibility of health services in Indonesia is still a problem. This problem is a consequence of Indonesia's geographical condition as an island nation (Laksono & Sukoco, 2016). One of the principles of the administration of puskesmas (Community Health Center) in PMK (Coordinating Ministry for Human Development and Culture) Number 75 of 2014 is equity, which in the delivery of Puskesmas health services must be accessible and affordable to all communities in the working area.

Towards the era of Universal Health Coverage (UHC), the Makassar City Government is striving to provide health workers and health facilities in each region. However, currently, there are still groups of islands that do not yet have health facilities, namely the Barrang Caddi Islands, where the majority of their livelihoods are 75% dependent on fishing activities.

The hope to enjoy health services that are easily accessible, equal, and of quality and financially protected is also a basic right for coastal communities, especially fishermen in the Barrang Caddi Islands. This study aims to explore and examine the implementation of the JKN program in the fishing communities of the Barrang Caddi Islands in supporting the achievement of UHC+ from the perspective of the health service dimension.

2. Methods

This type of research is a qualitative research with a case study approach. This research was carried out on Lanjukang Island, Gugusan Barrang Caddi Island, Makassar City. There were 22 informants in this study consisting of 4 in-depth interview informants and 18 focus group discussion informants. Data collection techniques were carried out through research reviews, in-depth interviews with key informants, FGDs to fishing communities on Lanjukang Island both those who had JKN/KIS cards (Indonesia Healthy Cards) and those who did not have JKN/KIS cards and documentation to collect secondary data in the form of documents related to the research to be conducted.

3. Results

Health Care Access

There are no health facilities and health workers on Lanjukang Island, the closest health service is on Langkai Island.

"Ride itji jalloro', if you next to you to 35 minutes may arrive. " (LT, 35 yrs)

The main health center is located on Barrang Lompo Island and the most complete health service facilities are only on the mainland of Makassar City.

"It's far from the puskesmas (community Health Center) deck in Barrang Lompo." (HR, 32 yrs)

"The distance is 2 kilometers maybe, if you go to Barrang Lompo, it will take up to 2 hours, the hospital will take jalloro more or less, 3 to 4 hours to Makassar from here. If we ride speed it won't pay but it will cost us a lot of money. " (JL, 58 yrs)

Far geographical location makes it difficult for the community to access health services. One of the obstacles to health care is weather conditions.

"It depends on the weather again, if Mauki departs, if the height of ombat ndaji maumi is done," (MH, 31 years old)

"Yeah, it's normal that in the middle of the sea it's not good the weather doesn't go in the direction of the island nor does it look like the wind is very strong." (JL, 58 yrs)

3 **Availability of Health Workers**

The absence of health facilities in the form of pustu (Supporting Community Health Center) causes no health workers to be on Lanjukang Island.

"For the matter of health workers, actually we hope that someone will stay here" (JL, 58 yrs)

The performance of health workers in the Pustu Langkai Island is still complained and the main obstacle is the lack of health workers due to lack of welfare and far from their homes.

"Sometimes the person in charge is not in my place, you don't lie, if you want to talk, the reality is this is actually the fact that the person in charge of the library is not in a profitable place." (SY, 53 yrs)

"The problem is that many people don't want to be assigned to the island. One of them is lack of well-being and it is also far away, so that's not enough attention. (FR, 44 yr)

Availability of Health Facilities

There are no health facilities on Lanjukang Island but pustu on Langkai Island is felt to be sufficient for basic health services.

"There isn't a deck next to there, Bagus also has large pustaries there and also lives in the library." (LT, 35 years) "

Barriers to home care services have never been felt by the people of Lanjukang Island because there is no network.

"If there is no question about 911 because the signal is not here." (JL, 58 yrs)

Sea ambulance facilities have never been felt by the community, especially on the outer islands.

"Sempatji was the first sea ambulance used for the first time." (FR, 44 yr)

The shelter facility on Barrang Lompo Island is free of charge to the community and even the cost of the meal is borne by the guards.

"There is a halfway house that is not charged to the people who live, even with the cost of eating a patient with one person's family." (FR, 44 yr)

Equipment used in the Pustu Island Langkai quickly rust because of the water used to clean payao.

"Here, it's just like the tools are lacking because it's normal for people to give birth anyway, we clean it using seawater, well water, salt, so how long is it stored and rust quickly." (WI, 30 yrs)

Availability of medicines

The availability of medicines in the Pustu Island Langkai is quite adequate as well as the supply of medicines in the health center Barrang Lompo.

"Availability has never even complained to the community, if there is a certainty, I would immediately report it to Dr. Faisal because he is the head of the puskesmas in Barrang Lompo." (SY, 53 yrs)

Service Suitability with Medical Needs

The health services provided by the community on Lanjukang Island are in accordance with their medical needs at the pustu level.

"Yes, it's appropriate." (SY, 53 yrs)

"I think it's appropriate, for example, patients who need services that we don't provide directly, we make reference letters so we don't have any problems here because we also know that the people on the island are not like the people in the city." (FS, 57 yrs)

5. Discussion

Makassar City as a world city has not won the UHC Award because it has not been able to include the entire community in JKN-KIS membership. Lanjukang Island is the outermost island in Makassar City which is included in the Barrang Caddi archipelago. Based on the research results, it is known that there are still some people on Lanjukang Island who do not have a JKN-KIS card. One effort to encourage community participation in the context of achieving sustainable UHC is to bring health service access closer to the community.

Lanjukang Island is the only island in the Makassar City archipelago that does not have health facilities. The absence of health facilities causes no health workers to be on Lanjukang Island. Equal access to health services is very important (Rahayu et al., 2020). Access to health services is often seen only from the perspective of the service provider, while access from the community side as a user is less noticed. Improving the quality of health services from the access side requires a complete perspective from two different sides (Megatsari et al., 2019).

The closest health care facility is a sub-health clinic located on Langkai Island, the distance is approximately 2 kilos with a travel time of 35 minutes while the main health center is on Barrang Lompo Island takes approximately 2 hours while the most complete health care facilities are hospitals but only available on the mainland of Makassar City and takes approximately 3.5 hours.

The health authorities of the Langkai Island and Lanjukang Island rarely coordinate with the sub-district, this is one of the obstacles in covering the whole community in the JKN program. Good coordination and harmonious relations between all sectors that play a role in improving health can increase UHC's good commitment (Suciari & Gorda, 2020).

The registration of health personnel administration on Langkai Island is not complete, there is no reconciliation of the number of people who come for treatment and there is no data on the number of people who have a JKN-KIS card. Good administrative services are services in terms of the administrative file process when patients seek treatment and in terms of serving patients who want to seek treatment (Afrutri Kurniawan, 2017). Based on the results of in-depth interviews it is known that the recording of the latest data collection of health workers is only in 2017.

Health services in the archipelago exceed the health services available in mainland Makassar City. Services in the *pustu* (Supporting Community Health Center) and in the *puskesmas* (Community Health Center) are open for 1 X 24 hours. There are 2 midwives and 1 nurse who take turns, in turn, every 10 days of work. The performance of health workers is still complained by the community because the service is less than optimal. The limited number of health workers in the DTPK (Disadvantaged Areas, Borders, and Outermost Islands) has resulted in several health workers having to concurrently work at the *Puskesmas* so this becomes an obstacle for health workers to provide optimal service (Perbatasan et al., 2020).

In general, in most countries, doctors and midwives tend to concentrate in urban areas. Geographical distribution, remote islands, and undeveloped areas reduce the willingness of health workers to work, causing inequality in service delivery, decreasing service quality, and requiring policies for investment in health infrastructure to optimize UHC (Rahayu et al., 2020).

Health service providers at every level have never made it difficult for the community on Lanjukang Island in terms of referral administration. The health service referral system is one of the efforts to improve the quality of health services which has the effect of reducing mortality due to delays in emergency handling (Susiloningtyas et al., 2020). One of the weaknesses of health services is the inaccurate and quick referral implementation which results in patients arriving late at the referral service facility (Tirtaningrum et al., 2018).

The availability of medicines is considered to be sufficient and the health services obtained are in accordance with their medical needs at the *pustu* level. Health facilities in the form of sea ambulances and home care services for emergency patients are still less than optimal because there is no network.

All participants acknowledged that no costs were incurred by the community except medicines that were not covered by the Social Security Administering Agency (BPJS) or when supplies ran out. This fact is consistent with UHC's goal that everyone has the right to get the health care they need without suffering financial hardship (Singh & Travis, 2018). Most coastal communities and island communities already have NHIS (National Health Insurance Service) cards and feel the benefits of the NHIS program because there are no fees charged to the community (Razak et al., 2020).

Health out-of-pocket spending on fishing communities on Lanjukang Island is safe because it is not burdensome in getting health care. However, the low catastrophic expenditure is not caused by the achievement of financial protection in obtaining health services, but because of limited access to health services (Afrina et al., 2020). The JKN program is actually very helpful for people on Lanjukang Island in accessing health services, but the benefits are still not felt because it is limited by its geographical location.

5. Conclusion

Lanjukang Island is the only island that does not have health facilities in Makassar City. The closest health facility is the *pustu* (Supporting Community Health Center) in Langkai Island. Remote health facilities and limited access make it difficult for people in emergencies to access health services. The availability of medicines and health workers is sufficient but the performance of health workers is still complained by the community. Facilities provided by the government in the form of sea ambulances and home care services have never been felt by the community on Lanjukang Island. Therefore, health facilities should be provided on Lanjukang Island, the available resources are maximally empowered and provide transportation that can be used to facilitate the community in an emergency.

6
Conflicts Of Interest

There are no conflicts of interest in this study.

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