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# THERE'S NO ROOM FOR POOR PEOPLE: SOME NOTES ON THE ACCESSIBILITY OF NATIONAL HEALTH GUARANTEE FOR WOMEN SCAVENGER IN DEPOK, WEST JAVA

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## Abstract

*The number of poor people in Depok continues to increase every year. According to Depok City BPS data, the increase in the poor population reaches 2.7% annually. The increasing number of poor people in Depok is not matched by the availability of jobs, causing these community groups to make a living in various sectors, one of them is scavenger Cipayung landfill. This study aims to analyze the Accessibility of the National Health Insurance-Indonesia Healthy Card (Jaminan Kesehatan Nasional-Kartu Indonesia Sehat [JKN-KIS]) for female household scavengers. This research uses qualitative-descriptive methods. The results showed that JKN-KIS accessibility in terms of service availability, location accessibility was good but for accommodation, affordability of unexpected costs and services for PBI-KIS could not be carried out to the maximum. Depok City Government can use Dynamic Governance thinking techniques to support the success of the JKN-KIS.*

*Keywords: Accessibility, Dynamic Governance, National Health Insurance-Indonesia Healthy Card Preliminary.*

## Introduction

Social security is an institutional intervention designed by the government and the private sector to protect the community from various risks arising from themselves (like accidents, illness, death), as well as from their environment. Conceptually, social security consists of social assistance and social insurance. Social assistance, or what is often referred to as public assistance, can be in the form of money, goods or social service benefits without regard to contributions or premiums from the recipient. While social insurance is a guarantee that is only given to participants under their contribution, ie premiums or savings paid (Noer 2012, Suharto 2013).

Among the various forms of social security above, health insurance is a system that has been established for a long time and is needed by the community. Health insurance is a driver of development and an important strategy in poverty reduction. In Government Regulation 101/2012 concerning Recipients of Health Insurance Contribution Assistance explains that, Health Insurance is a guarantee in the form of health protection so that participants receive the benefits of health care and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government.

Law 40/2004 concerning the Social Security System states that the National Health Insurance Participants are all Indonesian citizens without exception. But there are still many people who have not been reached in this program. In March 2018, the Health Social Security Organizing Agency (BPJS Kesehatan) revealed that there were 68 million Indonesians who had not been registered in the National Health Insurance-Indonesia Healthy Card (Jaminan Kesehatan Nasional - Kartu Indonesia Sehat [JKN-KIS], from later on referred to JKN-KIS) (Achmad Fauzi, 2018).

In Depok City, until 2018 there were still many people, especially those in the category of underprivileged people who were not yet registered as JKN-KIS recipients. Some residents who did not get KIS registered themselves as paid BPJS participants. However, due to their inability to pay contributions, arrears ensued for months. Still in the same year, in 2018, according to news reported by wartakota.tribunnews.com (Wednesday, September 12, 2018), the City Government of Depok in 2018 registered as many as 67,934 Depok residents, as Recipient of Contribution Assistance (Penerima Bantuan

Iuran or PBI) JKN-KIS, or PBI BPJS participants whose monthly contribution obligations are borne by the Depok City Regional Budget (Anggaran Pendapatan dan Belanja Daerah or APBD). As of September 1, 2018, based on data from the Depok City Regional Secretariat, there were 141,877 PBI APBDs recorded. With an additional number of PBI of 67,934 people, the total number of PBI recipients in Depok as of September 12, 2018, is 209,801 people.

Following the provisions of the Law on the Social Security System, all Indonesian citizens must be guaranteed the health of themselves and their families. Both from birth to close age. So it is with female workers who struggle to support their families. Health insurance and access to health services need to be easily reached by them. Women tend to work in the informal sector and "work" without salary. Women are relatively more vulnerable to various risks related to the life cycle and their role in the family. But because they are more involved in informal economic activities, ironically, they are less protected by social security schemes (Suharto, 2013: 74).

For women workers, especially those who have multiple roles as mothers and fathers in the household, access to health services is very important. The existence of health insurance and the ease of achieving health services as a supporting factor in their survival. One of them is for women who work as scavengers (Noer 2018). Scavengers are people who take used items or certain rubbish for the recycling process. Work as a scavenger is indeed not easy. For women who are also family heads, this work is a challenge. Waste is a "source of disease" for humans around them. Piles of garbage that they face every day can cause various types of diseases. Diseases that can arise such as diarrhea, dysentery, cholera, typhus, hepatitis and other diseases. If garbage is piled up it will cause air pollution and odor, so that it will disturb breathing.

At present, there are 175 scavengers in the Cipayung Landfill. Their scavenging activities began from 07.00 to 16.00. The presence of scavengers in the Cipayung Landfill is an important part of the final processing of waste. Scavengers are the first link in the recycling industry. Through their role, the garbage that arrives at the landfill is sorted according to the category of waste which will later be reused and become a source of income for them.

In the city of Depok, according to the Head of the Department of Environment and Cleanliness (Dinas Lingkungan Hidup dan Kebersihan or DLHK) of Depok City Etty Suryahati, in 2018, the production of waste produced ranges from 750 tons to 800 tons per / day. However, in 2019 that number will increase to 1,300 tons per day or increase by 61.53%, this number increased by 500 tons from last year (Rajaguguk, 2019). Based on the conditions above, an increase in the volume of waste in the city of Depok will also result in the amount of waste volume entering the Cipayung Landfill. That way, the risk of health problems for the workers involved will increase. Including one of them for scavengers. With this fact, the author would like to see and examine the accessibility of national health insurance to female waste collectors (family heads) and also in reaching existing health services.

## Research method

This research was conducted at the Cipayung Final Disposal Site (Tempat Pengelolaan Akhir or TPA), Depok City. The landfill is a final waste processing site where most of the waste produced by the people of Depok is placed here. In this final processing, involving many workers, one of them who plays a role is a scavenger. This research is a descriptive study that tries to look at the accessibility of the National Health Insurance-Indonesia Healthy Card (JKN-KIS) for female head of household scavengers in TPA Cipayung City of Depok and identifies supporting factors as well as obstacles that occur in the process.

In this research, the research approach used is qualitative. According to Basrowi & Suwandi (2008: 1) citing the opinion of Bogdan and Taylor, that qualitative research is one of the research procedures that produces descriptive data in the form of speech or writing and the behavior of the people observed. Through qualitative research, researchers can recognize the subjects, feel what they experience in everyday life (Rurchan, 1992: 21-22).

The selection of informants in this study uses a purposive procedure that is to determine the group of participants who become informants according to selected criteria that are relevant to the research problem. The selected informants are 1 (one) officer who is responsible for the work process at the TPA, 1 (one) officer from the puskesmas who routinely conducts health checks for workers at the TPA and 5 (five) female

scavengers (status of family head) who work at the landfill. And for data collection and information using interview data collection techniques and study documentation.

## National Health Policy

National Health Insurance is regulated in Law Number 40/2004 concerning the National Social Security System. Social security is a form of social protection to ensure that all people can fulfill their basic needs for a decent life. Through various social security programs implemented one of them is the health insurance program. Health insurance is organized nationally based on the principle of social insurance and the principle of equity to ensure that participants receive health care benefits and protection in meeting basic health needs.

Participants in health insurance are all people who have paid contributions or whose contributions have been paid by the government. Contributions, in this case, are a sum of money paid regularly by participants, employers and/or the Government. Through the Republic of Indonesia Government Regulation Number 101 of 2012 concerning Recipients of Health Insurance Support Recipients, it is stated that for the poor and those who cannot afford Health Insurance contributions are paid by the government using the State Budget.

Based on the Republic of Indonesia Presidential Regulation Number 12 Year 2013 Regarding Health Insurance, Guaranteed Health Services consist of:

a. The first level of health services, including non-specialized health services which include:
    1. service administration;
    2. promotive and preventive services;
    3. medical examination, treatment, and consultation;
    4. non-specialistic medical procedures, both operative and non-operative;
    5. service of medicines and medical consumables;
    6. blood transfusion under medical needs;
    7. examination of laboratory diagnostic supporting Pratama level; and
    8. first-degree hospitalization as indicated.
b. Advanced referral health services, including health services that include:
    1. Outpatient care which includes:
        a. service administration;
        b. examination, treatment and specialist consultations by specialist doctors and subspecialists;
        c. specialist medical procedures according to medical indications;
        d. consumable drug and medical material services;
        e. implant medical device services;
        f. further diagnostic support services under medical indications;
        g. medical rehabilitation;
        h. blood services;
        i. forensic medical services; and
        j. corpse services in Health Facilities.
    2. Inpatient treatment which includes:
       Non-intensive inpatient care; and intensive care. PBI participants of Health Insurance receive services in class III treatment rooms.

Health services that are not guaranteed include:

a. health services carried out without going through procedures as regulated in applicable regulations;
b. health services performed in Health Facilities that do not collaborate with BPJS Health, except for emergency cases;
c. health services that have been guaranteed by the work accident insurance program against illness or injury due to work accidents or work relationships;
d. health services conducted abroad;
e. health services for aesthetic purposes;

f. services to deal with infertility;
g. leveling services (orthodontics);
h. health problems/diseases due to drug and/or alcohol dependence;
i. health problems as a result of intentionally hurting oneself, or as a result of doing hobbies that endanger yourself;
j. complementary, alternative and traditional medicine, including acupuncture, shinshe, chiropractic, which have not yet been declared effective based on health technology assessment;
k. medication and medical actions categorized as an experiment;
l. contraceptives, cosmetics, baby food, and milk;
m. household health supplies;
n. health services due to disasters during the emergency response period, outbreaks/outbreaks;
o. other service costs that are not related to the Health Insurance Benefits provided.

To support the social security program, a legal entity is established, namely the Social Security Organizing Agency (BPJS), which is regulated in RI Law Number 24 of 2011. In this case the Health and Employment sector. In carrying out its functions, BPJS has the duty to:

a. make and/or accept Participant registration;
b. collect and collect contributions from participants and employers;
c. receive contribution assistance from the government;
d. manage Social Security Funds for the benefit of Participants;
e. collect and manage data on Participants in the Social Security program;
f. pay benefits and/or finance health services under the provisions of the Social Security program; and
g. provide information regarding the implementation of the Social Security program to Participants and the public.

## Accessibility of Health Services

The National Health Insurance-Indonesia Healthy Card (JKN-KIS) is a health insurance program for all Indonesian people without exception. Family scavengers in the Depok City TPA Cipayung are JKN-KIS participants whose fees are paid by the state or recipients of contribution assistance (PBI). The work of scavengers faced by garbage, something that is classified as dirty and is a source of the disease becomes a vulnerability to their health. Accessibility of health services for a female head of household scavengers becomes very important because as a single parent, they have a double burden, namely taking care of the household and as life support for their small family. With the double burden they carry, health is a prerequisite for their survival.

Haddad & Mohindra (2002) notes that accessibility is an opportunity to consume health goods and services. The dimensions of accessibility in this theory are availability, affordability, acceptability, and adequacy. Thomas, J.W., Penchansky, R., (1984) in Laksono, et al (2016) offer an alternative approach to understanding access that focuses on the key elements that affect service. Penchansky offers the concept of "fit" (suitability) between patient needs and the ability of the system to meet those needs. Lane, et al., (2012), Access to medical health services can be measured in the availability of resources and the number of people who have insurance to pay for the use of resources. This relates to availability, financing (insurance ownership), and obstacles.

Accessibility of female head of household scavengers can be seen from several dimensions, namely:

**1. Availability**

Health facilities in Cipayung, Depok City are available. There are a health center and several other health facilities which are a place for scavengers to check their health. The availability of health facilities in Depok which is a Big City is very much. From the first-level health facilities in each district to the Regional General Hospital is available there. In addition to local government health facilities, some private health facilities are easily found. This is a supporting facility for the national health insurance program where the availability of health facilities is the main condition.

**2. Accessibility**

Accessibility is related to the geographical conditions between health service providers and the community as beneficiaries of health services. Health services in Cipayung are very easy to reach. Because geographically, the road conditions to reach every available health facility are quite good and the distance is not far. It can still be reached by two-wheeled vehicles.

Accessibility in this regard is also related to the low level of knowledge of female scavengers from household heads to the Indonesia Health Card National Health Insurance (JKN-KIS) program. Most of them assume the Healthy Indonesia Card (KIS) they get is an ordinary identity card. Though the card is very useful for them. This happens because the socialization of the Healthy Indonesia National Health Insurance Card Program has not been evenly distributed to the level of the lower classes.

**3. Accommodation**

This health care system is related to ease of use (opening hours, waiting times, and length of waiting times for service appointments). The health services that have been provided by the government can be utilized by them but due to their inflexible working time ie from morning to evening, they cannot adjust to the time provided by existing health services, for example in health facilities at level 1, register waiting too long makes their work neglected.

The health facilities for PBI are often less friendly. The queue list is too many and slow to make the scavengers head of the family feel the time is disadvantaged. Some of the cases they experienced, during emergencies, the services they get are too long-winded, 'thrown' here and there, this case creates a sense of disappointment about the existing health services.

**4. Affordability**,

The financial capacity of the community to utilize services. National Health Insurance-Indonesia Healthy Card for scavengers is indeed not paid. They scavengers enter the Recipient of Aid Contributions (PBI) where contributions for health insurance are borne by the state, through the state budget and regional budget.

**5. Acceptability**

Represented by the user's attitude towards service, and vice versa. At the beginning of the JKN-KIS program, health services for female waste collectors, heads of households and other communities as PBI recipients did not seem "humanized" and often did not take precedence. This is different from those who do use paid or independent health insurance. Often found discriminatory attitudes towards service for them. This situation provides the conclusion that still, profit is the top priority.

## Dynamic Governance

The policy of developing social protection in the health sector is based on a dynamic governance framework, namely: thinking ahead, thinking again and thinking across. Thinking ahead is related to thinking into the future, namely the ability to see early signals of the future development of social protection policies in the health sector for the poor. Thinking again, regarding the ability and willingness to rethink and revisit social protection policies in the health sector for the poor. Thinking across relates to thinking across, namely the ability and openness to cross boundaries to learn from the experiences of others so that new ideas and concepts can be introduced to an institution.

***Thinking ahead*** is related to the ability of the apparatus to see, prepare and plan for the future of social protection policies in the health sector for the poor. The implementation of health insurance must be based on clear and directed directions so that the implementation of health insurance can run effectively.

The government's effort to provide health insurance to all Indonesians by issuing Law No. 40 of 2004 concerning the National Social Security System (SJSN), which mandates that compulsory Social Security for the entire population including the National Health Insurance (JKN) through the Social Security Organizing Agency (BPJS). The implementation of JKN is contained in Government Regulation No. 101 of 2012 concerning Recipients of Contribution Assistance (PBI), Presidential Regulation No. 12 of 2013 concerning

Health Insurance and JKN Road Map. The BPJS Health Roadmap targets that by 2019, all Indonesian people will be included in the JKN system.

Then in the implementation of JKN, Depok City which is Cipayung as one of its districts, is in the process of expanding for JKN PBI recipients. This process is gradual, increasing the PBI quota each year. Through APBD support, it is hoped that the JKN program can be evenly distributed, and easily accessible to all poor communities in the city of Depok.

Besides, effective and efficient hospital management is one of the keys to the success of the National Health Insurance (JKN) program. This, not only makes JKN participants comfortable, but the hospital can also benefit in the form of increased revenues. The success of JKN is highly dependent on strengthening premier health services in the field of preventive and promotive community empowerment. Thus the function of the first-level health facility is not only as a place for treatment but also as a place for people to get health education before they suffer illness. To that end, empowering the community by providing education and outreach on the importance of health care and health insurance to participants directly is necessary to be carried out continuously. Furthermore, the referral system is arranged, meaning that there is compliance of recipients and service providers, the participation of all components in the socialization of the importance of understanding health insurance, availability of funding, according to the mandate of the Act. The poor and unable are guaranteed by the Government. And quality control and costs at each level of health services.

JKN implementation needs to work together to improve the quality of health services better. Starting from the regulator to the micro level to ensure better implementation. Regulators need to improve and develop systems and make efforts to equalize health service facilities and health human resources, provide information to the public and mass media about the quality level of health service facilities, and develop referral systems. At least the quality of health services, namely: effective, efficient, easily accessible, safe, timely, and prioritizing patients can be run.

***Thinking again*** in the application of health insurance can be seen from understanding the JKN problem and the method of solving the problem. Until now, the implementation of JKN still has many problems and to overcome them, it is necessary to use the right method. JKN is still not in line with the paradigm of health development in Indonesia, namely the Healthy Paradigm. JKN still emphasizes curative and rehabilitative services and does not pay enough attention to promotive and preventive services.

The problems that have been encountered in the implementation of health insurance in Depok City are administration, service, banking, and financing. The real administrative problem is not just a concern of rejection if at the beginning when going to the hospital using facilitation or BPJS Health cards. for fear of being rejected by the hospital, their Health BPJS card was issued when they were discharged from the hospital. Besides, the administration of returning patients from hospitals requires a relatively long time, because of the limited administrative staff that is not proportional to the high volume of administrative work. This also relates to the length of time patients have to wait in line when registering for treatment, an examination from a hospital doctor, and waiting to get medicine.

Besides, the problem of membership is also serious. Many poor people are still not included in the PBI BPJS Health membership data. therefore, membership data updates are important to do continuously. Another problem is the problem of financing. Funding is one of the subsystems which is quite fundamental in the JKN system. The absence of non-optimal funding in the administration of JKN is one of the main causes of not achieving this program. Health financing that is strong, stable and sustainable plays a very vital role in the administration of JKN to achieve the important goals of health development in an area, including the equitable distribution of health services and quality access and services. Therefore, reform of a region's health policy should provide an important focus on health financing policies to ensure the adequacy, equity, efficiency, and effectiveness.

Problem-solving is one of the most important skills in implementing JKN. Problem-solving methods are needed to help with solutions or solutions. Sufficient and sustainable funding is one of the keys to the success of the JKN program. The long-term balance between available funds and payment of health facility claims is the key to the success of the JKN program and is the hardest part of health insurance/insurance management. The Health Insurance Fund can be used for operational costs and funding for claims/benefits of guaranteed services.

Also, the need to establish communication between the Depok City Health Office and Depok City BPJS Health. This needs to be done to establish coordination and understanding to solve the problems that occur.

The next step that needs attention is to enable private clinics to function. Collaboration between BPJS Health and clinics needs to be carried out to meet the growing need for public health services, both PBI and non-PBI participants.

The implementation of the JKN program also cannot be separated from monitoring and evaluation. Monitoring and Evaluation are important because it is useful for those in charge of the JKN program. Monitoring is one of the functions of management and as a form of work accountability. Monitoring and Evaluation can help determine the steps related to further monitoring and evaluation activities.

The implementation of the JKN program in Depok City is not only the responsibility of the Health Office. however, it is the responsibility of all existing regional authorities. ***The Think Across*** method is carried out by the Depok City government by forming a Poverty Reduction Coordination Team (TKPK). The aim is to coordinate poverty reduction policies and programs and control the implementation of poverty reduction programs, one of which is JKN. One of the TKPK's tasks is processing data on the poor, including PBI membership data. In Depok, data processing for the poor is carried out at the Depok City Social Service in an integrated database (BDT). So all data on recipients of social assistance in the city of Depok including JKN-KIS PBI are in the Depok City BDT.

## Conclusion

The availability of health service facilities and infrastructure for family scavengers in the City of Cipayung Landfill in Depok can be seen from the availability of first-level health facilities (Puskesmas and Private Clinics) to the Depok City Regional General Hospital. The health services that are available around the female scavengers are easy to reach because geographically they are classified as quite good. But in terms of accommodation for health services, female scavengers head of household is still difficult to adjust because it is related to the time of health service for those who belong to the PBI group takes a long time to wait.

Health services for PBI have not been implemented well. discrimination on health services for them is still often found. Through the framework of thinking Dynamic Governance (Thinking ahead, Thinking again, Thinking Across), the Depok City Government can run the JKN-KIS program better. Based on the policies and regulations that have been made namely Law No. 40 of 2004 concerning the National Social Security System (SJSN), the JKN-KIS Program needs to run optimally. Also, for the achievement of the objectives of the program, the need for efforts to solve the problems of every problem that appears in the field. Increasing socialization, collaborative efforts, coordination is also very important for the success of this program.

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