



## IMPLEMENTATION OF THE KARTU INDONESIA SEHAT (KIS) PROGRAM IN HEALTH SERVICES AT PUSKESMAS PURBOLINGGO DISTRICT, EAST LAMPUNG REGENCY

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### Abstrak

Kartu Indonesia Sehat (KIS) adalah bagian dari program Jaminan Kesehatan Nasional (JKN) yang diberikan untuk masyarakat kurang mampu yang mendapatkan pelayanan kesehatan secara gratis. Dikeluarkan Instruksi Presiden Nomor 07 Tahun 2014 tentang Program Indonesia Pintar, Indonesia Sehat, dan Keluarga Sejahtera dan menjadi awal pelaksanaan Program Kartu Indonesia Sehat. Untuk itu peneliti melihat gambaran Implementasi Program Kartu Indonesia Sehat (KIS) Dalam Pelayanan Kesehatan Di Puskesmas Kecamatan Purbolinggo Kabupaten Lampung Timur dengan menggunakan teori Implementasi George C. Edward III yaitu ada empat indikator penentu keberhasilan implementasi meliputi Komunikasi, Sumber Daya, Disposisi/Sikap, dan Struktur Birokrasi. Penelitian ini bertujuan untuk mengetahui Implementasi Program Kartu Indonesia Sehat (KIS) Dalam Pelayanan Kesehatan Di Puskesmas Kecamatan Purbolinggo Kabupaten Lampung Timur. Metode yang digunakan dalam penelitian ini adalah metode deskriptif dengan pendekatan kualitatif. Teknik pengumpulan data yang digunakan dalam penelitian ini adalah menggunakan metode wawancara, observasi, dan studi dokumentasi. Analisis data yang digunakan adalah pengumpulan data, reduksi data, penyajian data, dan penarikan kesimpulan. Berdasarkan hasil penelitian, maka peneliti menyimpulkan bahwa hubungan Komunikasi antara pemberi pelayanan dengan pengguna KIS kurang efektif karena kurang pemahaman tingkatan faskes. Dari segi Sumber Daya sudah cukup baik. Disposisi/sikap pelaksana kebijakan sudah cukup baik karena diterima dengan baik begitu pula dengan Struktur Birokrasi sudah berjalan baik.

**Kata Kunci:** *Implementasi, Komunikasi, Program Kartu Indonesia Sehat (KIS)*

### Abstract

The Kartu Indonesia Sehat Program (KIS) is part of the National Health Insurance (JKN) program provided to underprivileged people who get free health services. Presidential Instruction Number 07 of 2014 concerning the Smart Indonesia, Healthy Indonesia, and Prosperous Family Program was issued and became the beginning of the implementation of the Healthy Indonesia Card Program. For this reason, researchers looked at the picture of the Implementation of The Kartu Indonesia Sehat Program (KIS) Program in Health Services at the Puskesmas Purbolinggo District, East Lampung Regency using George C. Edward III's Implementation theory, namely there are four indicators determining the success of implementation including Communication, Resources, Disposition / Attitude, and Bureaucratic Structure. This study aims to determine the Implementation of the Kartu Indonesia Sehat Program (KIS) in Health Services at the Puskesmas Purbolinggo District, East Lampung Regency. The method used in this study is a descriptive method with a qualitative approach. The data collection techniques used in this study were using interview, observation, and documentation study methods. Data analysis used is data collection, data reduction, data presentation, and conclusions. Based on the results of the study, the researchers concluded that the communication relationship between service providers and KIS users is less effective because of a lack of understanding of the level of health facilities. In terms of Resources, it is good enough. The disposition/attitude of policy implementers is good enough because it is well received as well as the Bureaucratic Structure has worked well.

**Keywords:** *Communication, The Kartu Indonesia Sehat (KIS) Program, Implementation*

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## INTRODUCTION

Presidential Regulation Number 12 of 2013 concerning health insurance mandates the implementation of national health insurance which began to be implemented on January 1, 2014. Jaminan Kesehatan Nasional Program (JKN) is a program designed by the government to provide access to health protection to people who have routinely paid their contributions or contributions paid by the government every month (Yaluwo, 2021). One form of JKN is the provision of Kartu Indonesia Sehat (KIS) for the community. KIS emerged as a form of improvement of the BPJS Kesehatan program, especially for participants of Contribution Assistance Recipients (PBI). KIS is intended to protect and meet the needs of underprivileged people to get good health services (Saputra, 2020). In its implementation, the government has appointed the Badan Penyelenggara Jaminan Sosial (BPJS) Health as the organizer of KIS (Syamsuddin, 2021). Based on Law No. 24 of 2011 concerning BPJS Kesehatan which mandates that Indonesian people who cannot afford to be borne by the state and by issuing KIS (Peraturan Perundang-Undangan, 2011). KIS and BPJS are health facilities managed by the state, but they have differences. The difference lies in the target recipient of this card. If BPJS is intended for people who are able and willing to pay fees every month because this contribution is mandatory, KIS is intended for underprivileged people, and the contributions are borne by the government. KIS recipients are determined by the government based on data in the database of the Ministry of Social Affairs and the Ministry of Health (Siagian et al., 2023).

Lampung Province is one of the provinces that also implements the KIS program. The following is the list of KIS recipients in Lampung Province:

Table 1. List of KIS recipients

No	City	Number of KIS Recipients
1	Lampung Tengah	129.797
2	Lampung Selatan	116.625
3	Lampung Utara	105.436
4	Lampung Timur	92.195
5	Lampung Barat	79.275
6	Tanggamus	58.414
7	Tulang bawang barat	51.288
8	Tulang Bawang	49.911
9	Pesawaran	44.058
10	Bandar lampung	40.851

11	Pesisir Barat	27.087
12	Pringsewu	26.960
13	Mesuji	25.568
14	Way Kanan	24.756
15	Metro	2.950

Data Source: Lampung Provincial Communication and Information Service 2022

Data on the number of KIS recipients in Lampung Province is still very large. East Lampung Regency ranked fourth with 92,195 KIS recipients. East Lampung Regency is one of the Regencies/ Municipalities in Lampung Province that are recipients of KIS to realize health insurance which began to be carried out in 2015 based on East Lampung Regional Regulation No.05 of 2018 concerning the East Lampung Regional Public Health Insurance Service System. East Lampung Regency has 24 sub-districts including Purbolinggo District (Peraturan Pemerintah Daerah, 2018).

One of the health facilities that serves KIS is the Purbolinggo Health Center. Based on the decision of the Director General of Public Health Development No. HK.02.04/BI.1/2708/15 concerning guidelines for the National Health Insurance program in Puskesmas and its network of KIS services carried out by Puskesmas in each village (Erna, 2020). The implementation of KIS in Purbolinggo Health Center is greatly influenced by the quality of its services. Meanwhile, the quality of services at Puskesmas is largely determined by the quality of facilities and infrastructure, human resources, and medicines available. Efforts to improve the quality of services in Puskesmas are carried out on an ongoing basis so that good health services can be felt by all levels of society (Supriadi et al., 2023).

Health services carried out at the Purbolinggo Health Center are quite dense. Purbolinggo Health Center receives monthly visits from KIS recipients. The number of KIS recipients recorded in Puskesmas's data is 16,961 people. The implementation of the KIS program at the Purbolinggo Health Center in East Lampung has not run optimally. Some of the problems that arise include differences in services between KIS and BPJS users. In addition, in implementing the KIS program, many people complained that they could not use KIS at the Puskesmas. Previous research also revealed that the implementation of KIS in the field experienced many problems such as KIS recipients who were not on target (Pamungkas, 2022). Another problem that occurs is the long queue to receive health

services due to restrictions on queue numbers and the lack of knowledge of participants about the KIS program so they do not understand the referral flow. According to previous research, the implementation of the KIS program is inefficient and requires a long time to register for membership (Jannah & Rohman, 2023). So this study will discuss the implementation of the KIS program at Purbolinggo District Health Center.

## **METHOD**

This research uses qualitative methods where this method prioritizes the use of descriptive data in the form of writing from resource persons and the results of observations/observations made by researchers (Sugiyono, 2018). There are two types of data used in this study, namely primary data and secondary data. Data obtained directly from the field is primary data, while data obtained from indirect sources such as journal articles, books, and archives are called secondary data (Silalahi, 2017). Data collection techniques are carried out by three methods, namely interviews, observation, and documentation.

An interview is a Q&A activity conducted directly with research informants. This Q&A activity uses a pre-compiled interview guide. This interview is a structured interview activity because questions are asked quickly and continuously with each other.

Observation is a field observation activity that can be carried out in conjunction with interview activities or carried out separately. Observation relates to the activity of distinguishing between data that has been obtained from sources with data in the field. Documentation is a type of secondary data that can be obtained from sources in the form of books, photos, archives, scientific articles, newspapers, and so on. This data is used to support interview data and observations that have been carried out before. The research technique used in this study is purposive sampling. This technique prioritizes the consideration of selecting informants by selecting people who are really related to the implementation of the KIS program at the Purbolinggo Health Center and one who becomes a key informant. The instrument in this study is the researcher himself so researchers are required to be truly objective. Meanwhile, data analysis is carried out by collecting data, presenting data, reducing data, and drawing conclusions under data analysis theory (Miles et al., 2014).

Research data that has been presented through good data analysis techniques will then be tested for validity. In this study, the validity of the data was tested using the triangulation method where all data obtained through interviews, observations, and documentation were compared and tested for correctness and suitability with theory.

## **RESULTS AND DISCUSSION**

### **Communication**

Policy implementation will be effective if the size and objectives of the policy can be understood by the individuals responsible for achieving a policy. This clarity of measure and purpose then needs to be appropriately communicated by policy implementers. Consistency of basic measures and objectives also needs to be communicated to know exactly the size and purpose of the policy. Communication within the framework of delivering information to policy implementers about what is the standard and purpose must be consistent and uniform (consistency and uniformity) from various sources of information. If there is no clarity consistency and uniformity to a standard and policy objective, then the standard and policy objectives are difficult to achieve (Rianingsih et al., 2022).

Based on the results of the research that has been done, there are still problems that cause communication to not run well, namely where communication between Puskesmas employees and KIS Users is still hampered by the problem of KIS users not using their cards with a predetermined level of Health Facilities. It was found that KIS users wanted to be referred to the desired hospital while the Purbolinggo Health Center already had a referral hospital. This causes the implementation of the KIS Program in Health Services at the Puskesmas's Purbolinggo District, East Lampung Regency to be less than optimal. In this case, the service provider has carried out socialization, it's just not special socialization about KIS, meaning that the Puskesmas only conducts socialization along with the socialization of the Elderly Posyandu. Because this program is a program from the center Puskesmas is considered to only play a role in the implementation of the KIS program in the field.

## Resources

Each stage of implementation requires quality resources following the work hinted by policies that have been determined apolitically (Zainab, 2022). Resources are one of the factors that influence the implementation of government policies. This can be seen from the impact of human and non-human resources (Dekrismon & Yulivestra, 2023). Resources are important in the implementation of a policy because if the resources owned are less or insufficient, the implementation of the policy will be hampered and cannot run according to the expected goals (Handayani et al., 2022). Based on the results of research that has been carried out related to Human Resources, it is known that it is sufficient by the qualifications needed or determined. Human resources who work at the Purbolinggo Health Center have an educational background in their field of work. The following is a table of educational qualifications for employees at the Purbolinggo Health Center:

Table 2. Employee data by educational qualifications

No	Level of Education	Count
1	Bachelor	20
2	Diploma III	36
3	High School	12
	Count	68

The education level of Puskesmas employees consists of bachelor, diploma III and high school/equivalent. This level of education is dominated by Diploma III because of the large number of midwives and nurses who have Diploma III education levels. This is also influenced by the average university in Indonesia for midwifery and nursing majors is only up to the Diploma III stage. Health human resources who have competence will certainly support the successful implementation of health activities, programs, and services. The type and number of personnel at the Purbolinggo Health Center are 68 people. The types and number of human resources at Purbolinggo Health Center can be seen in the following table:

Table 3. Employee data based on labor type and employee status

No	Power Type	Count	Employee Status	
			ASN	Non ASN
1	General practitioner	5	4	1
2	Dentist	2	2	-
3	Pharmacist	2	1	1
4	Nurse	10	8	2
5	Midwife	13	12	1
6	Sanitarian	2	1	1
7	Lab Engineering Medical	3	3	-
8	Medical Nurse	4	3	1
9	Physiotherapy	2	2	-
10	Physiotherapy	2	2	-
11	Health Promotion	2	1	1
12	Psychologist	2	-	2
13	Administrative personnel	3	3	-
14	Assistant Pharmacist	2	2	-
15	Accountants	2	-	2
16	Treasurer	1	1	-
17	Nutritionist	3	2	1
18	Janitors	2	-	2
19	Driver	2	-	2
20	Cook	1	-	1
21	Perkaya/ Enrich	2	-	2
22	Office guard	1	-	1
	Count	68		

Puskemas's Purbolinggo has 68 employees spread across 22 classifications of personnel types including doctors, nurses, midwives, administration, etc. This amount is sufficient for service needs at the Purbolinggo Health Center. According to Amiruddin, resources can be divided into Human Resources and non-human resources (Amiruddin, 2023). Classified into the type of non-human resources are facilities and infrastructure that support the implementation of policies. From the results of interviews and observations the facilities and infrastructure available are adequate from the laboratory, and medical devices have met the standards and are quite good.

### Disposition

The attitude of the implementer is one of the factors influencing the effectiveness of policy implementation. If implementers agree with the policies they will be happy to implement it, but if they disagree with the decision-makers, many problems will occur in the

implementation process. Van Meter and Van Horn present the characteristics of implementing agencies including the competence and size of implementing agents, the level of hierarchical control at the bottom of implementing units at the time of implementation, political support from the executive and legislature, and formal and informal linkages with policy-making institutions (Utami, 2022). Based on the results of the research conducted, the KIS program received a lot of support and positive response. This KIS program is good and helps underprivileged people to get health services. The KIS program provides many benefits for underprivileged people who earn mediocre incomes because for them it is difficult to pay for expensive treatment. And the attitude of the implementers in carrying out the KIS program is good.

### **Bureaucratic Structure**

Suharno (2013) and Roeslie (2018) bureaucracy as the implementer of a policy must be able to support policies that have been decided politically by coordinating well. Synergistic cooperative relationships are needed between relevant agencies to support successful policy implementation (Fitriani, 2020). Even if resources for a policy are available, or implementers know what to do, and have a desire to do policy. It is likely that the policy cannot be implemented, because there are inefficiencies in the bureaucratic structure. The Standard Operating Procedure (SOP) will make planned activities regularly and allow implementers to carry out their activities according to predetermined standards. The bureaucratic structure shows clarity in the standard implementation procedures that will be used during the implementation process. Standard Operating Procedure (SOP) is the development of internal demands for the certainty of time and resources and the need for uniformity in complex and broad work organizations as well, as well as whether or not operating standards are clear, both in terms of mechanisms, systems, and procedures for implementing policies, main tasks, roles and authorities, division of responsibilities, and lack of harmonious relations between implementing organizations with one another also determine success policy implementation. Thus, the greater the policy requires change in the way that is prevalent in an organization, the greater the probability of SOPs hindering implementation.

Based on the results of research that has been conducted with several informants the bureaucratic structure that runs at the Purbolinggo Health Center is per established



procedures. Establishing a simple and straightforward procedure it consists of 3 (three) parts, namely the Administration section which takes care of program planning and reporting, finance and equipment, and the general part. Then for other health programs and services are divided into 2 (two), namely General Poly, Dental Poly, Pharmacy, and MCH services coordinated by Drg. Yuni Wijayanti, and other parts such as health promotion to environmental health coordinated by Anita, S.ST. It can be seen that the organizational structure of Purbolinggo Health Center makes the division of functions and tasks clear and has carried out its duties in accordance with existing duties and procedures.

## **CONCLUSION**

Based on the results of research on the Implementation of the Kartu Indonesia Sehat (KIS) Program in Health Services at the Puskesmas's Purbolinggo District, East Lampung Regency, it can be concluded that communication between service delivery employees and KIS users has not run optimally due to lack of knowledge about the level of health facilities provided so that communication is slightly hampered. The service is no different for all patients because Purbolinggo Health Center already has service standards. Resources in implementing policies at Puskesmas's Purbolinggo are quite good. Human resources are also by the qualifications needed, as well as facilities and infrastructure that are sufficient to support policy implementation. The disposition/attitude of KIS program implementation has received good responses and support from implementers and policy users. The bureaucratic structure that runs in the implementation of this policy is by established procedures. By establishing a simple procedure.

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