

Improvement of the Procedure for the Poor Statement Submission (SPM) to Increase Health Services

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Purpose: Local Health Insurance (Jamkesda) is the regional obligation to meet the basic needs of proper public health. The purpose of this study was to analyse the procedure to access the Certificate of Disadvantage. **Method:** The method used in this study was qualitative with cross sectional research design. Data was collected by secondary data study and Focus Group Discussion. **Result:** The results of the study indicate that the submission of the Certificate of Disadvantage at Banyuwangi Regency, Indonesia is in accordance with existing guidelines. The difficulty in the process of giving out the Certificate of Disadvantage are the 18 poverty indicators, as well as the necessary signature of the Head of District or District Secretary. **Conclusion:** This study indicates that the provision of the Certificate of Disadvantage in general is in accordance with procedures based on applicable regulations.

Key words: *Poor Statement Submission, Submission, Procedure.*

Introduction

One of the obstacles to accessing SBAs is finance, especially for the poor. To eliminate financial barriers, more comprehensive health insurance policies have been implemented in many countries. For example, the Indonesian government has been implementing the National Health Insurance (NHI) policy National Health Insurance (JKN) since 2014. JKN is a social health and a compulsory insurance that was implemented gradually to achieve universal

coverage in 2019 (Nasution, Mahendradhata, and Trisnantoro 2019). JKN is part of the National Social Security System (SJSN), which is implemented using a mandatory social health insurance mechanism. According to Law Number 40 of 2004, the aim of the SJSN is to meet the basic public health needs that are appropriately given to everyone who has paid contributions or whose contributions have been paid by the Government.

Furthermore, regional health insurance (Jamkesda) was born based on the approval of a judicial review of Law No. 40 of 2004 article 5 of the Constitutional Court or MK. The approval of the judicial review by the Constitutional Court, made all local governments in Indonesia organise Regional Health Insurance. The district government of Banyuwangi was committed to make the health sector as one of the program's development priorities. In 2013, the health service Banyuwangi district has an action plan related to the increase in the health sector, namely equality of access and quality of health services, improvement of maternal and child health, as well as empowering people to live independently and healthily (Dinas Kesehatan Kota Banyuwangi 2016).

Poverty is a social phenomenon that is still a problem in society, especially in developing countries. Approximately 1 billion people fell into the poverty category worldwide between 1990 and 2013. Poverty has limited society's opportunity to answer the right for subsistence, opportunity in education health services, and public and government policies. Indonesia is among the only developing countries still struggling to overcome the poverty. There were 31.02 million people living below the poverty line and 63% of poor people lived in rural areas in 2010 (Leimena, Arsyad, and Gany 2019).

The increase in Indonesia's Human Development Index (HDI), in addition to its relatively small size, has not yet spread to regencies that have a large rural area structure. It is one of the causes of the decline in health indicators over the years. How a large number of poor people, especially in rural areas, are a reflection of the level of health of rural communities needs to be considered. In addition to the Education sector, the development of the health sector is the basis for determining the government's policy on health insurance for the wider community (Ginting et al. 2018).

The implementation of Jamkesda in Banyuwangi Regency, Indonesia, East Java, Indonesia in 2016 was based on Banyuwangi Regent Regulation Number 28 of 2016 concerning Guidelines for Implementing Regional Health Insurance Programs and Health Services through a Poor Statement (SPM). SPM is a statement given to the community outside JKN and Jamkesda membership that meets the poor criteria in accordance with applicable laws and regulations. The aim is to increase access for the poor and SPM participants to get outpatient health services at the Public health care centre (Puskesmas), and inpatient mental cases and as well as inpatients at hospitals (Dinkes 2017).

Based on the health profile of Banyuwangi Regency, Indonesia in 2014-2016, the number of Jamkesda membership in 2014, 2015 and 2016 respectively was 30,601 people, 30,560 people and 30,560 people (Dinas Kesehatan Kota Banyuwangi 2016; Dinkes 2017). The poverty rate in Banyuwangi Regency, Indonesia in 2011-2014 continues to decline, in 2015 it is expected to drop to 9.12% from 2014, which reached 2.294%. This has positive implications because the poverty rate is closely related to education and health status. Indicators of Banyuwangi's community health status are mortality and morbidity rates. Mortality rates include infant mortality, maternal mortality, neonates visits, infant and low birth weight (LBW) visits. The morbidity rate includes Acute Flaccid Paralysis (AFP), Pulmonary Tuberculosis (TB), Acute Respiratory Infection (ARI), HIV/ AIDS and sexually transmitted infections, diarrhea, leprosy, diseases that can be prevented by immunisation (PD3I), DHF, malaria, phyllaries, and extraordinary events (Dinas Kesehatan Kota Banyuwangi 2016). The degree of public health is determined by many factors. Indicators of success in achieving this program can be seen from mortality, morbidity and nutritional status; environmental conditions, healthy living behaviours, access and quality of health services, health resources, health management and related sectors (Daher 2001). Implementation of health services through a poor statement (SPM) to improve the health status of the poor Banyuwangi is already underway, therefore a deeper study is needed to evaluate its implementation. The purpose of the study to improve health status through the evaluation of the poor statement in Banyuwangi Regency, Indonesia by analysing the implementation of the provision of poor declaration in Banyuwangi Regency, Indonesia.

Method

This research used a cross sectional study. This activity was carried out on August-September 2018. The research activity consisted of data collection, data verification, data cleaning, data entry, and data analysis. Data collection techniques in this activity involved secondary data study and focus group discussion (FGD). This secondary data collection was obtained from data from the Social Service District Department, District Health Office, and Regional Hospital. The primary data collection was based on information from the community, Puskesmas, village and district government, health department and social security department. This study used analysis techniques using statement mapping from FGD results, and descriptive analysis to determine the frequency distribution of secondary data.

Result

Banyuwangi Regency, Indonesia consists of 24 sub-districts, with 45 public health care centres (Puskesmas). In addition, there are 4 (four) inpatient health centres in Banyuwangi served by obstetricians and paediatricians, which are better known as Primary health care (Puskesmas)

PLUS (Specialistic Superior Service Providers). In 2016 there were 105 supporting health centres. There are 10 (ten) puskesmas serving obstetrics and neonates (PONED) services to reduce maternal and infant mortality. The number of referral health service facilities in Banyuwangi Regency, Indonesia in 2015 included 12 hospitals, with details of 2 public government hospitals, 7 private public hospitals, and 3 special hospitals (Dinas Kesehatan Kota Banyuwangi 2016).

Procedure for Obtaining Poor Declaration (SPM) in Banyuwangi

The Banyuwangi District Government has set SPM procedures which are updated annually. In 2018 the latest regulations used in health services for the poor refer to Banyuwangi Regent Regulation No. 29 of 2018 concerning Guidelines for the Implementation of Health Services Financing for the Poor and Communities with Specific Conditions in Banyuwangi Regency, Indonesia (Anas 2016).

Poor Statement (SPM) Objectives

SPM is based on Banyuwangi Regent Regulation No. 8 of 2017 concerning Guidelines for Health Services for the Poor in Banyuwangi Regency, Indonesia and Banyuwangi Regent Regulation No. 29 of 2018 concerning Guidelines for Implementing Health Services Financing for the Poor and Communities with Specific Conditions in Banyuwangi Regency. Its target in Indonesia are poor people who are not JKN recipients of the contribution assistance (PBI) program. If they need health services, they can be served by using the Poor Statement. Family members are included in one family card when have not been included as a recipient of contribution assistance. Program participants, if needing health services, can be served using SPM (Anas 2016).

Manual of SPM Services

SPM can be issued manually or electronically. SPM issuance is manually issued if the electronic publishing process cannot be carried out. The procedure for manually issuing poor statements involves some steps. Poor people who need health services through SPM must come by himself or with one of the family members listed in the family card or an officer appointed by the Head of the Village by submitting a photocopy of their identity card (husband, wife and patients if they already have an identity card) with the originals and referrals from the local Puskesmas to obtain a poor certificate (Poor Certificate) from the village. Photocopies of identity and family cards must be legalised by the authorised official. If the person who manages the poor statement is an officer appointed by the head of the village, it must be accompanied by evidence of a certificate from the village. If there is a difference in the data

between identity card and the family card, it must be accompanied by evidence that the head of the village is aware of the Head of district (Anas 2016).

The Poor Certificate is signed by the Head of village. If the head of the village is absent or not at the place because of other official services, it can be signed by the village secretary. The village government must carry out a field survey to the applicant's address and fill in the format determined based on poverty indicators in accordance with applicable laws and regulations. The village government must verify the membership of the JKN and Jamkesda recipient of contribution assistance programs. The Poor Certificate is only valid for 1 (one) month. Before the Poor Certificate is signed by the sub-district head, the membership must be verified in the JKN recipient of contribution assistance Program and Jamkesda. If the head of district is unable or absent due to other official services, the Poor Certificate can be signed by the district secretary. Before legalising referrals from the Puskesmas, functional technical officials on behalf of the head of the health service must re-verify the applicant's participation in the JKN contribution assistance program. After being legalised by the health service, the social service will issue a Poor statement, before the re-verification of membership in the JKN Program must be done. SPM is issued and signed by the Head of Banyuwangi Regency, Indonesia Social Service/ Secretary/ Head of Division in charge (Anas 2016).

Procedure and Advantages of Publishing SPM Online

The procedure for issuing poor statements electronically (online) can be explained in some steps. The poor who need health services through SPM must come in person or one of the family members listed in the family card to the village head office by submitting a photocopy of identity card and family card along with the originals and a referral from the local Puskesmas to get the Poor Certificate from the village signed by the head of the village. The village officer then completes the system provided and uploads the references for approval from the Banyuwangi District Health Office. After obtaining confirmation/ approval from the Banyuwangi District Health Office, the village government and its staff carry out a survey to the applicant's address (Anas 2016).

The results of the survey are contained in the format specified based on poverty indicators in accordance with the format of the applicable laws and regulations and subsequently uploaded to the system provided. If there are differences in the data on the identity card and family card, proof that the head village officer knows the sub-district head must be included and then uploaded to the system that has been provided. The village government must verify the PBI JKN program membership. If the head of the village is absent or not at the place because of other official services, it can be signed by the village secretary. Poor Certificate is only valid for 1 (one) month.

Before being signed and approved by the Head District officer, the Poor Certificate must be re-verified by the applicant's participation in the JKN PBI Program along with other equipment. If the Head of district is unable or absent due to other services, the Poor Certificate can be signed by the district secretary. The approval and signing process is carried out electronically. If all requirements have been met and there is no correction, the social service issues the SPM. SPM is issued and signed by the Head of Banyuwangi Regency, Indonesia Social Service/ Secretary/ Head of Division in charge. The SPM that was signed was immediately reuploaded by the Banyuwangi Regency, Indonesia social service to the system. Officers from the Village print SPM to be submitted to the applicant.

The status of patient participation must be ensured from the beginning of the Advanced Level Referral Health Facility (FKRTL) and given the opportunity to administer the SPM no later than 3 working days after the patient is admitted to the hospital, if until the time specified the patient cannot show the SPM, his funding is declared as a general patient. If the patient is in an emergency condition and has been treated in a hospital, then the Puskesmas issues a referral based on the Certificate of Hospitalisation from the said Hospital. This SPM is only valid for 3 (three) months from the date of stipulation. If the SPM is used when it expires, an extension must be made by carrying out all procedures from the beginning.

Based on Banyuwangi Regent Regulation No. 28 of 2016 concerning Guidelines for Implementing the Health Insurance Program through a Statement Letter, the process of issuing a Poor Statement is defined. Submission of Poor Declaration in Banyuwangi Regency, Indonesia complies with existing guidelines. The community first met with the RT to get a letter of introduction, which was sent to the health office and finally to the local government to issue a poor statement. The following is a statement from the informant (Anas 2016):

"That ... yes, please tell me to go to the head of area first, then go to the subdistrict and go to the sub-district, what should the local government?"

The target of assistance for the Poor Declaration is also appropriate, namely the poor who are not included as a recipient of contribution assistance JKN program. The average time needed for the issuance of the Poor Declaration is around 1 to 2 days. The following is a statement from the informant.

"It seems like it is the best if for example like ... what is the regent if the regional government is. If there is a regent, one day it can be, if there isn't any, wait for it sometimes for two days."

This is in accordance with existing regulations that the opportunity to take care of SPM no later than 3 working days after the patient is hospitalised. Based on the results of interviews with 11 respondents of SPM users, the SPM issuance process before 2017 was still done manually.

Health funding assistance through SPM can be obtained before surgery or other treatment. People who get SPM assistance and have previously paid for the purchase of drugs will be reimbursed in cash. The community receiving SPM funds did not know how much the costs should have been, because the officers did not provide receipts or receipts of payments.

Description of SPM Issuance According to Related Institutions

The SPM officer in the village fills in the form that is already available in the system and uploads a referral letter from the Puskesmas to get approval from the Banyuwangi District Health Office. However, sometimes the agreement takes a long time. If it has been approved by the Banyuwangi District Health Office, officers from the village officers conduct a survey of the applicant's house by filling out a form regarding 18 poverty indicators. The village officers sometimes have difficulty issuing a Poor Certificate for the applicant must meet the criteria of 18 poverty indicators. For example, residents in the village of Tembokrejo, where the majority work as fishermen, are not always going to sea. However, there are indicators that are not fulfilled from the 18 poverty indicators, making it difficult for village officer officials to issue poor certificate.

To verify the applicant's data at the District level the signing of the Poor Certificate by the Head of district or the district secretary must use the original signature and may not be the result of the scan, which can hamper the SPM issuance process if the relevant person is unable or not in place. To legalise referrals in the Department of Health, there is a team consisting of 4 doctors whose task is to provide confirmation or approval of data that has been filled out by SPM officers or operators in the Village , including a referral letter from the Puskesmas.

To issue SPM at the social service, every time there is data on the request for issuance of SPM in the system, the SPM officer or operator at the social service of Banyuwangi District comments, "have all the requirements been met?" in the system. The system also has the number of the SPM officer or operator of the Banyuwangi Regency, Indonesia Social Service so that if the request for issuance of the SPM is not immediately responded to by the person concerned, the head of village officers can directly contact the officer. Thus, the SPM issuance process can be carried out in a faster period of time.

Obstacles in the process of issuing Poor certificate at the village and subdistrict levels, the health service, and the social service

Obstacles in the process of issuing poor certificate at the village officers and subdistrict level include difficulties in issuing a Poor Certificate if the applicant must meet the criteria of 18 poverty indicators. In addition, according to the Subdistrict, the poor certificate signing by the Camat or the Camat Secretary cannot use the scanned signature and must use the original

signature, which can hamper the SPM issuance process if the relevant person is unable or not in place.

Obstacles in the process of legalising referrals in the health service can occur if the head of village officer never informs the health service if the applicant's file that has been sent through the online system and has not been legalised by the health service. That is because the SPM team from the health office does not only work on SPM, so sometimes they are not online in the system.

Obstacles in the process of the issuance of SPM in the social service can occur if the procedure for issuance of SPM by applicants and head of village officials has been carried out in accordance with procedures established in accordance with Banyuwangi Regent Regulation No. 8 of 2017 concerning Guidelines for Health Services for the Poor in Banyuwangi Regency, Indonesia. SPM operators in the Banyuwangi District Social Service can immediately issue SPM. However, there is only one SPM officer in the Banyuwangi District Social Service, who needs to take care of the issuance of SPM throughout the Banyuwangi Regency, Indonesia. This sometimes results in requests for issuance of SPM in the system to not be directly responded to by the officer. Besides that, the comfort and politeness of the officer's attitudes and behaviour in providing services to the community can vary with each public health care service.

Discussion

Based on previous research, sufficient funding and efficient technology has still has not achieved in many countries (Berman et al. 2011). People in poor countries tend to have less access to health services than those in better-off countries, and within countries, the poor have less access to health services. This might hurt the poor community. Although a lack of financial resources or in-formation can create barriers to accessing services, the causal relationship between access to health services and poverty also runs in the other direction. The relationship between poverty and health care is a common subject of research and policy, often using different definitions of poverty and health care access (Peters et al. 2008).

To improve health facilities utilisation by poor communities, there is a need for support from nurses, doctors, and midwives. The support can be from the health worker's response when serving patients with friendly communication, guiding them to see a doctor, and informing them about the social insurance for maternity care (Jampersal) program. It can be interpreted that there is a significant relationship between health worker's support and the use of Jampersal cards, as demonstrated in a previous study. Uncertainties on health services with Jampersal procedures also become a public debate regarding the feasibility of the health services (Nisa' and Sari 2019).

Despite increased government investment in public-sector healthcare, serial community surveys have shown a falling perception in quality and satisfaction, with the highest level of dissatisfaction among the poorest households. Patients have identified under-staffing, poor physical facilities, the behaviour of service providers, and an inability to provide essential medicines directly as causes of this low opinion (Mccrea 2017). Healthcare providers have noted consistent problems with drug procurement and supply. Absenteeism is common. 40% for doctors at health complexes nationwide were reported. This number rises higher in poorer areas. The majority of patients attending public sector services are required to pay for medicines from private vendors due to the depletion of essential drug stocks, and many are pressured to pay unofficial fees to members of staff (Herdman et al. 2016).

For most patients in generational poverty, the medical literature is written in a foreign language. Imagine having to read every piece of written health care communication in a language you studied in high school but have not spoken since. Medical consent forms and releases are all written in the formal register, as are most instruction sheets. This is not to suggest omitting written information if the information cannot be provided at the appropriate health-literacy level (Wise and Dreussi-Smith 2018).

Participants perceived financial constraints as a major cause of delays in seeking healthcare. These constraints disproportionately affected poorer households but were a problem for less poor households as well. The decision to seek medical care poses a considerable risk of financial ruin, particularly for those already afflicted by multidimensional poverty. Addressing this risk may reduce delays due to the reluctance to take on this burden due to the need to gather funds (Herdman et al. 2016).

To reduce operational costs, it is necessary to optimise the limited utilisation of resources (Pardede et al. 2019). A goal of every health system is to protect citizens from financial risks of healthcare spending. Unanticipated healthcare costs lead to financial risks for households in developing countries, especially for the most disadvantaged ones. A significant policy question is whether to increase health insurance coverage to protect poor families from catastrophic health expenditures. Although we have found strong evidence that expanded insurance coverage in Turkey provides risk protection against the cost of illness, this may not always be true in other contexts. In China, due to the light regulation in the healthcare market, providers offer high-tech care to patients and this results in high out-of-pocket health expenses. Another study assesses the impact of Colombia's health insurance program on various subjects (Tirgil, Dickens, and Atun 2019). According to the WHO recommendation, health service utilisation for poor people is included as the primary healthcare concept. Therefore, healthcare should be universally available and accessible without any constraint in delivery. Thus, it is very important to do mature planning in order to ensure they receive good quality service based on

the guideline. However, in every public policy implementation, the government should follow properly the set instruction or technical guideline available so that the inhibiting factor could be minimised (Haning et al. 2017).

Often, the public health sector has inadequate resources and must address a host of public health issues, including disease surveillance and prevention, development of evidence-based policies, oversight of health providers, and enforcement of public health regulations (Epstein and Bing 2011). To improve the quality of activities run by primary healthcare centres, educational programs must be designed creatively and innovatively. Moreover, running a health education class that is poorly attended is a waste of resources (Soewondo et al. 2019). The chronic underutilisation of many health facilities, especially in rural areas – often while other structures are overloaded, and despite a generally poor population health – is a serious concern for public authorities (Audibert and Mathonnat 2012).

Conclusion

The following solution is based on the results of discussions with relevant agencies, which is the need for a review of the 18 poverty indicators. In addition, the need for an original signature or not the signature of the scan need to be changed, because SPM is related to financial problems of the Regional Government of Banyuwangi Regency, Indonesia. Thus, a review must be conducted related to the Banyuwangi Regent's Regulation regarding the issuance of SPM issuance procedures in Banyuwangi Regency, Indonesia to make it easier for applicants to obtain SPM. The solution that needs to be enacted is based on the results of discussions with relevant agencies. The Village should be able to directly contact the Social Service SPM officers/ operators through the numbers that are already listed on the system. Thus, the SPM issuance process can be carried out in a faster period of time.

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