

## ARTICLE

# Policy Paper : Improvement to Fulfill Needs Health Services for Jember Residents Towards Universal Health Coverage

(Policy Paper : Improvement Pemenuhan Kebutuhan Pelayanan Kesehatan Bagi Penduduk Jember Menuju Universal Health Coverage)

Febriana Maya Puspitasari

Jember Regency Government | St. Sudarman 1, Using's Plot, Jemberlor, Patrang District, Jember Regency, East Java 68118

✉ [febrianamaya1982@gmail.com](mailto:febrianamaya1982@gmail.com)

## OPEN ACCESS

**Citation:** Febriana Maya Puspitasari. Policy Paper : Improvement to Fulfill Needs Health Services for Jember Residents Towards Universal Health Coverage.

*Ijori Journal* Vol. 4 No. 2 (2024): 19-32.  
<https://doi.org/10.52000/ijori.v4i2.113>

e-ISSN : 2775-7641

Accepted: June 6<sup>th</sup>, 2024

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**Abstract:** This policy paper aims to provide policy recommendations for making improvements in meeting the health service needs of Jember residents towards Universal Health Coverage. So as to encourage improvements in efforts to fulfill health services for Jember residents which are not yet in accordance with the mandate of Law Number 40 of 2004 concerning the National Social Security System and Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program in fulfilling services promotive, preventive, curative and rehabilitative health through Universal Health Coverage. In accordance with presidential instructions and this law, by 2024 Universal Health Coverage is targeted to reach 98% of the population. Meanwhile, Jember Regency currently has the lowest achievement in East Java Province, namely 71.20%.

This condition is very unequal to the condition of the population of Jember Regency, which is the Regency with the highest prevalence of Stunting, Maternal and Infant Mortality in East Java Province. So far, the Jember Regency Government has provided guaranteed health services using a free, curative health service program called J-Pasti Keren. Universal Health Coverage is considered important to improve the community satisfaction index which still gets a "C" in the performance of the Health Service and also to reduce maternal and infant mortality rates and the prevalence of stunting in Jember Regency. This requires support in prioritizing handling of these problems, especially in the budgeting system. It is very important to make improvements so that the health service needs for Jember residents towards Universal Health Coverage.

The methodology used in preparing this policy paper is SWOT analysis. So that policy alternatives can be obtained in order to improve the fulfillment of health service needs for Jember residents towards Universal Health Coverage. From the analysis carried out, recommendations and strategies can be formulated to improve the fulfillment of the health service needs of the Jember population towards Universal Health Coverage in accordance with the National Medium Term Development Plan and the mandate of the Law and Presidential Instructions, as well as supporting the acceleration of achieving the SDGs for Indonesia. Improvement in meeting health service needs for Jember residents. The recommendation given for making improvements is to shift the budget for free J Pasti Keren health services which are curative in nature to the Universal Health Coverage budget for the residents of Jember Regency, so that health services to the people in Jember Regency are also preventive, promotive, curative and rehabilitative. Apart from that, it also makes Universal Health Coverage a priority in the 2024 APBD Amendment so that it can meet the urgency of

meeting the needs of health services for Jember residents towards Universal Health Coverage in 2024. Jember Regency Government, East Java Province, Indonesia. This is

a new author guidelines and article template of International Journal Of Regional Innovation. Article should be started by title of article followed by Authors Name and Affiliation Address and abstract number of words 100-250. Special for the abstract section, single spacing should be used between lines in this article. Article written in English. The abstract should be typed as concise as possible and should be composed of: problem statement, method, scientific finding result, and short conclusion. The abstract should only be typed in one paragraph and one-column format.

**Keywords:** Improvement, Health Service Need, Jember Residents, Universal Health Coverage.

**Abstrak:** Policy paper ini bertujuan untuk memberikan rekomendasi kebijakan dalam melakukan improvement pemenuhan kebutuhan pelayanan kesehatan bagi penduduk Jember menuju Universal Health Coverage, demi mendorong adanya perbaikan terhadap pemenuhan pelayanan kesehatan bagi penduduk Jember sesuai dengan amanah Undang-Undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional dan Instruksi Presiden Nomor 1 Tahun 2022 tentang Optimalisasi Pelaksanaan Program Jaminan Kesehatan Nasional serta RPJMN. Dimana telah ditargetkan bahwa cakupan Universal Health Coverage pada tahun 2024 sebesar 98% untuk mewujudkan pelayanan kesehatan promotif, preventif, kuratif dan rehabilitative di Indonesia dan mencapai SDGs.

Kondisi ini sangat timpang dengan kondisi penduduk Kabupaten Jember yang merupakan Kabupaten dengan prevalensi stunting, kematian ibu dan bayi tertinggi se-Provinsi Jawa Timur. Kabupaten Jember saat ini memiliki capaian Universal Health Coverage terendah se-Provinsi Jawa Timur yaitu sebesar 71,20%. Selama ini Pemerintah Kabupaten Jember memberikan jaminan pelayanan kesehatan dengan menggunakan program pelayanan kesehatan gratis J-Pasti Keren yang bersifat kuratif apabila penduduknya sakit. Sementara Universal Health Coverage dipandang penting untuk menurunkan prevalensi stunting, angka kematian ibu dan bayi di Kabupaten Jember dan memperbaiki indeks kepuasan masyarakat terhadap pelayanan kesehatan yang masih

mendapatkan nilai “C”. Hal tersebut memerlukan dukungan dalam memprioritaskan penanganan masalahnya, terutama pada sistem penganggaran. Sangat penting untuk melakukan sebuah improvement sehingga kebutuhan pelayanan kesehatan bagi penduduk Jember menuju Universal Health Coverage dapat terpenuhi.

Metodologi yang digunakan dalam proses penyusunan policy paper ini menggunakan analisa SWOT. Dengan menyoroti faktor internal yaitu Kekuatan (Strengths) dan Kelemahan (Weakness), serta faktor eksternal yaitu Peluang (Opportunities) dan Ancaman (Threat), maka dapat diperoleh alternatif kebijakannya. Metode SWOT diintegrasikan ke dalam pola pikir Policy Paper dari data primer dan data sekunder. Dari analisis yang dilakukan dapat dirumuskan rekomendasi strategi kebijakan dalam melakukan improvement pemenuhan kebutuhan pelayanan kesehatan penduduk Jember menuju Universal Health Coverage. Improvement Pemenuhan Kebutuhan Pelayanan Kesehatan Bagi Penduduk Jember. Rekomendasi yang diberikan dalam melakukan improvement yaitu dengan melakukan pergeseran anggaran pelayanan kesehatan gratis J-Pasti keren yang bersifat kuratif ke anggaran Universal Health Coverage bagi penduduk Kabupaten Jember, sehingga pelayanan kesehatan kepada masyarakat di Kabupaten Jember juga bersifat preventif, promotif, kuratif dan rehabilitative. Selain itu juga menjadikan Universal Health Coverage sebagai prioritas dalam Perubahan APBD (PAPBD) Tahun 2024, sehingga dapat memenuhi urgensi Pemenuhan Kebutuhan Pelayanan Kesehatan Bagi Penduduk Jember menuju Universal Health Coverage pada tahun 2024.

**Kata Kunci:** Improvement, Kebutuhan Pelayanan Kesehatan, Penduduk Jember, Universal Health Coverage

## 1. Preliminary

The Jember Regency Government has a policy of providing guaranteed health services for its entire population with a program called J-Pasti Keren. The condition for getting free health services is to show your Jember identity card and this is enforced at all Community Health Centers and Regional Hospitals. This policy is based on the Decree of the Regent of Jember Number 188.45/236/1/12/2022 concerning

Technical Instructions for the Free Health Service Program for Residents of Jember Regency, dated June 2 2022. This curative health service is provided to the entire community when they need treatment. However, because at the time of planning the 2022 Jember Regency APBD, there was no mention of free health services for the entire population, the budget allocation was only sufficient to guarantee health services for the poor which were guaranteed by the Jember Regency Government based on Jember Regent Regulation Number 63 of 2021. So when The guarantee budget requirement for the J-Pasti Keren program has exceeded the capacity of the guarantee budget for the health service program for the poor with a poverty statement, so the free health service program is borne by the Community Health Center or Regional Hospital.

One member of the Jember Regional People's Representative Council expressed concern that the J-Pasti Keren program was not in accordance with Law Number 40 of 2004 concerning the National Social Security System and Presidential Instruction Number 1 of 2022 concerning Optimizing Implementation The National Health Insurance Program which mandates that the entire population is protected under the National Health Insurance Program with a target of achieving Universal Health Coverage of 98% of the total population by 2024. so that fair, equitable and quality health services can be achieved, both promotive, preventive and curative and rehabilitative. The J-Pasti Keren program, apart from only being curative treatment, is also less suited to the current conditions of the population of Jember Regency, which is the district with the highest maternal and infant mortality rates and stunting prevalence in East Java Province, so apart from requiring curative health service guarantees, it is also very requires quite strong promotive, preventive and rehabilitative activities. Apart from that, it is also feared that the J-Pasti Keren Program could trigger JKN-Mandiri participants to be in arrears in paying their contributions because they can still get free health services even if they do not pay JKN contributions.

On April 23 2024, the Governor of East Java sent a letter of instruction Number 440/2092/012/202 to the Regents/Mayors of East Java Province who had not yet achieved the Universal Health Coverage target to immediately prepare and establish regulations and allocate a budget to support the implementation of the Guarantee program National Health in achieving the JKN membership coverage target of up to 98%. Meanwhile, according to BPJS data, Jember Regency is

the district with the lowest UHC coverage in East Java Province, namely 71.20%. This is closely related to support for budget availability, so that a health service program can run massively. This is an ironic phenomenon regarding the current strategic issues in Jember Regency. Jember Regency has the highest prevalence of stunting, maternal and infant mortality in East Java Province, so the Jember Regency Government must work extra hard to overcome problems that cannot only be handled with curative health services, but must also be accompanied by activities promotive, preventive and rehabilitative. An improvement is needed in fulfilling the need for health services which were previously only curative, to health services which are also promotive, preventive and rehabilitative to overcome the various problems above.

### Problem Formulation

This policy paper encourages improvements in the fulfillment of health services for Jember residents in accordance with the mandate of Law Number 40 of 2004 concerning the National Social Security System and Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program. Where it has been targeted that Universal Health Coverage coverage in 2024 will be 98% to realize promotive, preventive, curative and rehabilitative health services in Indonesia and achieve the SDGs. This condition is very unequal to the condition of the population of Jember Regency which currently has the lowest Universal Health Coverage achievement in East Java Province, namely 71.20%, on the other hand, it has the highest prevalence of stunting, maternal and infant mortality in East Java Province. So far, the Jember Regency Government has provided guaranteed health services by using the J-Pasti Keren free health service program which is curative if the population is sick. Meanwhile, Universal Health Coverage is considered important for reducing the prevalence of stunting, maternal and infant mortality rates in Jember Regency and improving the community satisfaction index for health services which still get a "C" because they are promotive, preventive, curative and rehabilitative.

This condition is proven in Malang Regency which has achieved 100% Universal Health Coverage. This has an impact on the satisfaction index of the people of Malang Regency with health services which gets an A value of 88.09% and the health index in Malang Regency is also a good value, namely 0.81. Likewise, the maternal and infant mortality rates in Malang

Regency also fell by 55%, as did infant mortality which fell to 12.14 per 1000 births. Likewise, the prevalence of stunting in Malang Regency in 2023 will be 19.5% with a target of 14%, while Jember will still be at 27.7%. This shows that Universal Health Coverage supports meeting the community's health service needs.

By realizing Universal Health Coverage, it is hoped that it can improve the health and welfare of all people in Indonesia as mandated by law. The priority scale in determining the urgency of a problem that occurs in society plays an important role. Health services are vital in people's lives, so they should receive priority treatment from policy makers because they determine the lives of many people.

**Table 1.** Problems in meeting the health service needs of Jember Regency towards universal health coverage

Issue Strategis	Problems		
	Controversy	Gap	Inconsistency
High prevalence of stunting, maternal and infant mortality rates in Jember Regency	The highest in East Java Province	Focus on curative	Promotive, preventive, rehabilitative and cross-sector coordination activities
J-Pasti Keren Program	Not in line with Government policy on UHC	Provide curative services only	Lack of budget availability
Universal health coverage in Jember Regency	The lowest in East Java province	There is no government commitment yet	Lack of budget availability

## 2. Research Methods

The methodology used in the process of preparing this policy paper is a SWOT analysis, namely an analysis that highlights internal factors, Strengths and Weaknesses, as well as external factors, Opportunities and Threats, so that policy alternatives can be obtained in order to carry out improvements. fulfilling the health service needs of Jember residents towards Universal Health Coverage. The SWOT method is integrated into the Policy Paper mindset from primary data and secondary data. Primary data was obtained from the results of researchers' interviews with implementers of health service programs for Jember residents and recipients of health services for Jember residents as well as group discussion forums held by the Jember

Regency Government. Meanwhile, secondary data was obtained from various sources, namely survey results and data from the Government of Jember Regency and East Java Province. Where then, from the analysis carried out, recommendations and strategies can be formulated to improve the fulfillment of the health service needs of the Jember population towards Universal Health Coverage which is in accordance with the National Medium Term Development Plan and the mandate of the law and supports the acceleration of achieving the SDGs for Indonesia.

## 3. Results and Discussion

### 3.1. Health Service Needs for Jember Residents

Jember Regency has a population of 2,601,149 people with an area of 3,306,689 km<sup>2</sup> and the majority are of Javanese and Madurese Pandalungan ethnicity. Most of the population works as farmers and the economy is supported by the agricultural and plantation sectors. The southern region of Jember Regency is a fertile lowland area for the development of food crops, while the northern region is a hilly area developed for hardy crops and plantation crops. Health services in Jember Regency are supported by several health programs, namely health efforts programs, health service programs for the poor, community nutrition improvement programs, health promotion, and disease prevention and control. However, in its implementation there are various strategic issues regarding the need for health services in Jember Regency which are stated in the Jember Regency RPJMD for 2021-2025, as follows:

- 1) Lack of quality of service for pregnant women
- 2) Lack of quantity of human resources in Health Facilities
- 3) Marriage at an early age still occurs
- 4) Lack of family knowledge about the dangers of pregnancy
- 5) Lack of acceptors for long-term contraceptive methods (MKJP)
- 6) There is still a lack of knowledge about Health
- 7) Lack of access to Health Facilities (Faskes)
- 8) Unpreparedness for natural or non-natural disasters for pregnant women
- 9) Maternal mortality (MMR) due to childbirth costs
- 10) There are still high cases of violence against women and children
- 11) Level of health services for disability groups
- 12) Lack of knowledge about the triple elimination of infectious diseases (HIV/AIDS, STIs, and Hepatitis).

And added to this is a strategic issue that is not yet in the Jember Regency RPJMD for 2021-2026, namely the high prevalence of stunting in Jember Regency. This is based on the results of the 2022 Indonesian Nutrition Status Survey (SSGI) which shows that Jember Regency has the highest prevalence of stunting under five in East Java Province and also the highest maternal and infant mortality rates in East Java province for three consecutive years. Based on the above, it can be seen that the need for health services for Jember residents can not only be met with curative activities (treatment), but health problems in Jember Regency also require promotive, preventive and rehabilitative service support, so that they are in accordance with community needs.

### 3.2. Condition of Health Services in Jember Regency

Medical personnel resources in the Regency still do not meet the standard ratio of Coordinating Minister for People's Welfare Decree No. 54 of 2013, namely as follows:

**Table 2.** Jember Regency Medical Resources in 2023

Profession	Amount	Ratio/Population/Ket
Medical specialist	276	12,6/ 100.000 resident / In accordance
Medical General	296	13,5 / 100.000 resident/ Not in accordance
Dentist	117	5,3 /100.000 resident/ Not in accordance
Specialist Dentist	24	1,1 / 100.000 resident / Not in accordance

Likewise, other health worker resources in Jember Regency still do not meet the ratio criteria required according to the standards, which are as follows:

**Table 3.** Other Health Resources in Jember Regency in 2023

Profession	Amount	Ratio/Population/Ket
Nurse	2306	105,4 / 100.000 resident /Not in accordance
Midwife	1.081	49,4 / 100.000 resident /Not in accordance
Public health	80	3,7 / 100.000 resident /Not in accordance
Environmental Health	20	0,9 / 100.000 resident /In accordance
Nutrition	56	2,6 / 100.000 resident /Not in accordance
Medical Laboratory	116	5,3 /100.000 resident /Not in accordance

Profession	Amount	Ratio/Population/Ket
Other Biomedical Engineering Personnel	83	3,8 / 100.000 resident /Not in accordance
Physical Therapy	36	1,6 / 100.000 resident /Not in accordance
Medical Technician	134	6,1 / 100.000 resident /Not in accordance
Pharmaceutical	166	7,5 / 100.000 resident/ Not in accordance
Pharmacist	73	3,3 / 100.000 resident/ Not in accordance

With the number of employees as above, in terms of fulfilling the staffing ratio for both medical and other health personnel, it still does not meet existing standards. So there is a need for optimization related to regional fulfillment/recruitment for the unfulfilled workforce mentioned above.

Health service activities for pregnant women in 2023 will be 36,627 pregnant women and 29,052 pregnant women will receive services, meaning that the achievement of health services for pregnant women will still be 79%. So there are still 21% of pregnant women who have not received health services according to standards, this is because screening for pregnant women is not optimal, coordination between community health center networks is not optimal and some couples of childbearing age (PUS) have been exposed to hormonal contraception. In 2023, out of a total of 34,962 mothers giving birth, 31,411 women giving birth will receive health services according to standards. This means that the achievement of maternity services is 89%. In 2023, there will still be 10% of mothers giving birth not at a health facility (midwife). Meanwhile, the Community Satisfaction Index received a score of 73, category C. This happened because the quality of services provided had not changed much amidst the many problems that had arisen, so that health services in Jember Regency were not yet in line with community expectations.

The aspect of fulfilling service facilities and infrastructure as well as service procedures to improve the quality and quality of service are aspects that need to be considered. Therefore, the steps that will be taken to improve the Community Satisfaction Index are implementing SOPs in providing services to the community, carrying out a comprehensive evaluation of the services provided to the community and providing innovation in every service to the community so that it can provide satisfaction to the community and achieve

health service achievement targets. in Jember Regency which are not yet optimal, namely:

- 1) The maternal mortality rate is still high at 173.59
- 2) The infant mortality rate is still high at 9.22
- 3) Increase in morbidity rate for non-communicable diseases by 6.01
- 4) Increasing prevalence of stunting by 3.65
- 5) Infectious diseases, although currently continuing to decline, with the Covid-19 pandemic, are currently also a priority
- 6) The quality of service is still not optimal, supported by the results of the community satisfaction survey which is still in category C

The Jember Regency Government has a Free Health Service program for Jember Regency Residents (J-Pasti Keren) with the Decree of the Regent of Jember Number 188.45/236/1/12/2022 concerning Technical Instructions for the Free Health Service Program for Jember Regency Residents on June 2 2022. Services This curative health care is provided free of charge to the entire community when they need treatment. However, because the 2022 Jember Regency APBD does not mention free health services, the budget allocation is guaranteed by the health service program budget for the poor with a poverty statement (SPM) which is guaranteed by the Jember Regency Government based on Jember Regent Regulation Number 63 of 2021.

Health service budget free at Community Health Centers and Regional Hospitals sourced from the Jember District Health Service APBD and when the guarantee budget requirement for the J-Pasti Keren program exceeds the capacity of the guarantee budget for the health service program for the poor with a poverty statement (SPM), then the free health service program is borne by Community Health Center or BLUD Regional Hospital by implementing effective and efficient principles. If the Regional Hospital does not have sufficient budget to finance these free services, it can submit an additional budget to the Jember Regency Government. In the guarantee provisions for the J-Pasti Keren program, it is stated that people who are not yet JKN participants are required to take part in the JKN program independently for those who can afford it or JKN funded by the Regional Government for people who are proven unable. And for participants who receive wages, companies are required to register their workers as JKN participants. Meanwhile, for services that are not guaranteed by insurance or other guarantee participation, you can apply for a free service

budget from Jember Regency after the non-guaranteed information is issued.

### 3.3. Budget Support

The Jember Regency APBD for 2023 at the Jember Regency Health Service is IDR. 380,375,650,501,-. And allocated for the public health insurance management budget of Rp. 123,137,207,261.00 which was realized at 99.9%. This shows that the public health insurance budget can be absorbed optimally. The budget is allocated for the implementation of a health service program for the poor with a poverty statement (SPM) guaranteed by the Jember Regency Government based on Jember Regent's Regulation Number 63 of 2021. However, since the birth of Jember Regent's Decree Number 188.45/236/1/12/2022 concerning Instructions Technically, for the Free Health Services Program for Residents of Jember Regency (J-Pasti Keren) on June 2 2022, curative health services will be provided to all people who need free treatment at the Community Health Center or at the Regional Hospital. And if the guarantee budget requirement for the J-Pasti Keren program exceeds the budget capacity of the Health Service APBD which guarantees the health service program for the poor with a poverty statement (SPM) which is currently entitled the J-Pasti Keren program, then the free health service program is charged to the Community Health Center or Regional Hospitals that finance their operations independently.

At the end of 2023, there was a claim receivable for J-Pasti Keren services amounting to IDR 35,148,156,105.00 at RSD dr. Soebandi using BLUD funds that have not been paid by the Jember Regency APBD for 2023. Meanwhile, previously in 2022, there was also a J-Pasti Keren service amounting to Rp. 32,919,450,936 which has not been paid to RSD dr. Soebandi Jember. This shows that the Jember Regency Government's APBD through the Health Service cannot meet the needs for health service coverage. Meanwhile, in 2024, the 2024 Jember Regency APBD allocated a budget for the Community Health Insurance Management Sub-Activity amounting to IDR 144,125,206,900. This shows that the budget allocated to ensure health services for the Jember population is being increased gradually by the Jember Regency Government.

### 3.4. Identification of Health Problems in Jember Regency

From the data above and also from the Jember District Health Service Strategic Plan for 2023, health problems in Jember District can be identified, namely as follows:

- 1) Not optimal quality of health service, root of the problem is :
  - a) The number of health and support workers is not proportional to the number of people so that health services are still less than optimal
  - b) The competency of health and health support workers is not yet optimal
  - c) The distribution of health workers is still uneven Health supplies are not optimal
  - d) People cannot independently become JKN participants because per capita income is still low
  - e) Limited regional fiscal capacity means that it cannot meet the 10% budget of the APBD excluding salaries
  - f) The management of the Community Health Center has not been managed optimally.
  - g) RSGM Faculty of Dentistry Unej has not yet been accredited, currently it is in the process of preparation facilities and infrastructure and assistance.
  - h) Comprehensive Emergency Neonatal Obstetric Services is not optimal
  - i) Limitations of software, skillware and hardware
  - j) Lack of awareness and understanding regarding licensing
  - k) Traditional health workers are charged a fee by the ASSOCIATION to obtain recommendations as a licensing requirement
  - l) Lack of understanding and competence for traditional health worker program holders in independent care
  - m) People in the Low Income Community category cannot afford to build healthy latrines
  - n) Public awareness of having a toilet is still low
  - o) Lack of community culture regarding clean and healthy lifestyles (PHBS)
  - p) Policy makers' attention to sanitation issues is still low
  - q) Public awareness to take advantage
  - r) Toilets are still low
  - s) Coverage of drinking water laboratory tests is still low
- 2) Not yet optimal health services for communicable and non-communicable diseases, root of the problem is :
  - a) The training, distribution and rolling systems for officers have not been managed well
  - b) Provision of Pm and PTM facilities (examination tools and consumables (BHP) in health service facilities is still not in accordance with what is needed
  - c) The implementation of PM and PTM program strategies has not been optimal, there is a lack of program integration and low cross-sector commitment
  - d) There are no strict sanctions for violators of Health protocols
  - e) Lack of public awareness and knowledge regarding the dangers of Covid 19
  - f) There is a negative stigma among society so that Covid patients are less open about it epidemiological investigations were carried out
- 3) High maternal and infant mortality rates, root of the problem is :
  - a) There is no Regent Regulation to serve as a guideline for synergistic and integrated services
  - b) The involvement of the private sector in tackling IMR and stunting is not yet optimal
  - c) The penakib monitoring team has not yet been formed for 2021
  - d) The service monitoring system is still weak, due to the large number of health facilities and the large area, so it is necessary to divide monitoring groups and systematic monitoring techniques
  - e) Information regarding service plans and delivery planning management has not been fully received by the target pregnant women
  - f) Lack of coordination with the Muspika team regarding problems experienced by pregnant women
  - g) Many hospitals are not ready to serve neonatal and obstetric emergencies
  - h) The NICU is often full
  - i) The sp. OG doctor is not in place
  - j) Limited facilities and infrastructure supporting software-based data management
- 4) High stunting, root of the problem is :
  - a) The need for an integrated Regional Regulation on stunting handling
  - b) Handling services that are not yet available
  - c) integrated between OPDs and regions

- d) SOPs are not yet uniform
- e) Lack of anthropometric equipment
- f) adequate in all posyandu
- 5) Not Yet Optimal Integrated Health Data, root of the problem is :
  - a) There is no integration/connection between the purposes of using health data
  - b) Implementation of Programs/Activities/Sub-Activities is still based on sectoral ego
- 6) Community Support Not Yet Optimal root of the problem is :
  - a) There is no optimal staff available to handle the issuance of Food Production certificates
  - b) There is no support for implementation Food Production Certification

JL (Health Insurance Contribution Assistance Recipients)

Jember Regency is the Regency with the lowest Universal Health Coverage in East Java Province with an achievement of 71%. There are still 29% of Jember Regency residents who do not yet have National Health Insurance. So far, Jember Regency residents who are not yet National Health Insurance participants are guaranteed the J-Pasti Keren Program if they need treatment at the Community Health Center or at the Regional Hospital belonging to the Jember Regency Government. In 2023, the 2023 Jember Regency APBD allocated a budget for the Community Health Insurance Management Sub-Activity of IDR 123,239,487,651, with the realization achievement being 99.9%. This shows that this budget is being absorbed optimally. And in accordance with the Decree of the Regent of Jember number 188.45/236/1.12/2022 concerning technical instructions for the free health service program for residents of Jember Regency, then if the APBD is not sufficient to finance health services at the Regional Hospital then use BLUD funds while still applying the principles of effectiveness and efficient.

**3.5. Provision of budget for Universal Health Coverage in Jember Regency**

In order to optimize the implementation of the National Health Insurance program in accordance with Presidential Instruction Number 1 of 2022 and as an effort to fulfill Universal Health Coverage as mandated in Presidential Regulation Number 1 of 2020 concerning the National Medium Term Development Plan for 2020-2024, the target proportion of the population covered by health insurance is national level of 98% in 2024. The percentage of East Java's population that has been covered by the JKN program as of March 1 2024 is 91.72%, with 25 regencies/cities having achieved the UHC target and 13 regencies/cities not yet achieving the UHC target. So the Governor of East Java on April 23 2024 instructed the Regents/Mayors in East Java Province whose regions had not yet reached the Universal Health Coverage target to immediately prepare and establish regulations and allocate budgets to support the implementation of the National Health Insurance program in achieving the JKN participation coverage target of up to 98% with letter Number 440/2092/012/2022. The letter instructed all regional heads to take the following steps:

At the end of 2023, there was a claim receivable for J-Pasti Keren services amounting to IDR 35,148,156,105.00 at RSD dr. Soebandi using BLUD funds that have not been paid by the Jember Regency APBD for 2023. Meanwhile, previously in 2022, there was also a J-Pasti Keren service amounting to Rp. 32,919,450,936 which has not been paid to RSD dr. Soebandi Jember. Meanwhile, in 2024, the 2024 Jember Regency APBD allocated a budget

- a. Population mapping based on JKN contribution funding capacity
- b. Register all residents categorized as poor and underprivileged who have not entered as JKN participants with funding from the APBD or by making changes to the APBD
- c. Optimizing the fulfillment of the JKN quota for people who have been recorded in the Integrated Social Welfare Data (DTKS) to be proposed as PBI-

**Discovered Potential**

In an effort to improve the fulfillment of health service needs for Jember residents, environmental scanning can be carried out with SWOT analysis. Internal factors were found, namely strengths and weaknesses, as well as external factors, namely opportunities and treatments to find potential found in strategic issues that occurred.

**Table 4.** SWOT Analysis Table

	DRIVERS	INHIBITION
I	STRENGTH	WEAKNESS
N	1) Maternal and infant	1) The budget allocation for
T	mortality and stunting	Universal Health
E	in Jember Regency	Coverage for the
R	are the highest in East	population of Jember
	Java Province,	Regency is not enough to



	DRIVERS	INHIBITION
N A L	requiring special attention from the Government	cover the entire population of Jember
	2) Encouragement by the DPRD to encourage the public to have large Universal Health Coverage	2) The Universal Health Coverage budget has not been a priority in the APBD allocation in Jember Regency
	3) A health service guarantee budget has been provided for the residents of Jember	3) The free service program for Jember residents (J-PASTI KUEREN) triggers independent JKN-KIS participants not to pay their contributions
	4) There is an effort by the Jember Regency Government to meet the service needs of its population when they are sick	4) Interest from residents and companies in Jember to participate in JKN-KIS is still low
	5) Jember Regency's JKN-KIS membership achievement in March 2024 was 71% of the target of 98%	5) Condition of health services with community satisfaction survey results C
E K S T E R N A L	THREAT	OPPORTUNITY
	1) Public demand for health services is increasing	1) Jember Regency Government's attention to the high need for health services for the community
	2) There has been no support/insistence from the relevant OPD to meet the Universal Health Coverage budget allocation needs	2) There is Presidential Instruction Number 1 of 2022 to ensure that the entire population is protected under the JKN Program with the achievement of Universal Health Coverage of 98% of the total population in 2024.
	3) People do not yet understand that they have the right to guaranteed health services (Universal Health Coverage)	3) There is an instruction from the Governor of East Java instructing the Regent of Jember to realize Universal Health Coverage in Jember Regency, because the achievement is the lowest in East Java Province

### 3.6. Concept of Improvement in Fulfilling Health Service Needs for Jember Residents Towards Universal Health Coverage

From the SWOT analysis carried out above, the strategic alternatives are:

Table 5. Strategic Alternative Analysis Table

	STRENGTH	WEAKNESS
O P O R T U N I T Y	1) There is no budget available that meets the health service needs for Jember residents in the Jember Regency APBD	1) There is Presidential Instruction Number 1 of 2022 to ensure that the entire population is protected under the JKN Program with the achievement of Universal Health Coverage of 98% of the total population in 2024.
	2) The achievement of JKN membership for Jember Regency residents in March 2023 was 71%, the lowest in East Java, while the Universal Health Coverage target of 98% must be achieved in 2024	2) There is an instruction from the Governor of East Java instructing the Regent of Jember to realize Universal Health Coverage in Jember Regency, because the achievement is the lowest in East Java Province
	3) There is no support and commitment in the Jember Regency Government OPD to prioritize budgeting for Universal Health Coverage	3) Public demand for health services is increasing and the condition of health services is based on the results of the community satisfaction index survey C
	4) The Jember Regency APBD allocation for Universal Health Coverage is not enough to cover the entire population of Jember	
T H R E A T	ALTERNATIVE STRATEGIES	
	1) Stunting, Jember Regency's Maternal and Infant Mortality Rate is the highest in East Java	1) Universal Health Coverage is made a priority in Jember Regency APBD budgeting in an effort to fulfill the health service needs of Jember Regency residents so that health services are not only curative but also preventive, promotive, curative and rehabilitative
	2) The Universal Health Coverage budget is not yet included as one of the prioritized budget allocations	
	3) The health service guarantee budget in the Jember Regency APBD is currently not enough to cover the entire population of Jember	
	4) There is no support for prioritizing budgeting for Universal Health Coverage	2) Allocation of the J Pasti Keren free health service guarantee budget which is curative

STRENGTH	WEAKNESS
5) The free service program for Jember residents (J-PASTI KUEREN) triggers JKN-KIS Mandiri participants not to pay their contributions from residents and companies in Jember to become JKN participants is still low	in nature, allocated to support Universal Health Coverage for the residents of Jember Regency so that it is also preventive, promotive, curative and rehabilitative 3) The budget for free health services J Definitely cool has been shifted to the Universal Health Coverage budget

### 3.7. Fulfillment of the expected Health Service Needs for Jember Residents

By finding the potential and alternative strategies above using SWOT analysis, the expected fulfillment of health service needs for the Jember population is:

- 1) Improving the quality of services for pregnant women
- 2) Increase the quantity of human resources in Health Facilities
- 3) Increasing preventive activities to prevent marriage at an early age
- 4) Increased preventive activities to prevent dangerous pregnancies
- 5) Increase promotional activities to increase acceptors of long-term contraceptive methods (MKJP)
- 6) Increasing educational activities regarding knowledge about clean and healthy living behavior
- 7) Improvement and improvement of facilities to achieve access to Health Facilities
- 8) Increase preventive activities for health pandemics/endemics
- 9) Increased satisfaction index with health services which now has a value of C
- 10) Providing national health insurance (JKN) for all residents of Jember Regency to achieve Universal Health Coverage
- 11) Reducing cultural and religious discrimination against women and people with disabilities who need health services and health protection
- 12) Improve health services for disability groups and rehabilitative services for vulnerable groups
- 13) Increase preventive activities for infectious diseases

So that the need for health services for Jember residents cannot only be met from curative (treatment) elements, but also requires promotive, preventive,

curative and rehabilitative service support which can be accommodated with Universal Health Coverage.

### 3.8. Policy Choices

Health is a very vital need for a human being in private and also for society in public. Healthy individuals will create a healthy society so that it can function optimally and productively, to support the strength of a country. For this reason, health insurance policies are very important, in this case Universal Health Coverage for the residents of Jember Regency so that promotive, preventive, curative and rehabilitative activity programs are created which are covered by JKN-KIS so that residents of Jember Regency not only get guaranteed curative/treatment health services only, but also guarantees of promotive, preventive, curative and rehabilitative health services, as well as improving health service outcomes in Jember Regency.

Based on the 2020-2024 RPJMN and sustainable global development goal (SDGs) number 3, namely ensuring healthy lives and promoting prosperity for all people at all ages, which has targeted achieving Universal Health Coverage of 98% of the total population of Jember Regency as JKN-KIS members in 2024, as well as the mandate of Law Number 40 of 2004 concerning the National Social Security System (SJSN) to improve the quality of health services that are fair, equitable and quality, including promotive, preventive, curative and curative services, in order to create a society that has access on health services without discrimination, so that everyone can obtain a better quality of life, enjoy a healthy life and have access to comprehensive and quality health services without being constrained by costs. So an alternative strategy was developed to make Universal Health Coverage one of the priorities in budgeting in Jember Regency.

Improvements to policies by proposing alternative policy strategies in implementing improvements in meeting the health service needs of the population of Jember Regency towards Universal Health Coverage, are as follows:

- A. **Improvement the fulfil need health service for Jember residents towards Universal Health Coverage by making Universal Health Coverage a priority in Jember Regency APBD budgeting in an effort to fulfill health service needs for Jember Regency residents so that health services are not only curative but also preventive, promotive, curative and rehabilitative**

The preparation of the Jember Regency APBD was carried out with various considerations from the Jember Regency Regional Government Budget Team (TAPD) which consists of various elements, starting from the Inspectorate, BPKAD, BAPPEDA, BAPENDA, Expert Assistants, and Expert Teams as well as several functions in the Regional Government. Priority towards Universal Health Coverage needs to be put forward so that it becomes a special consideration in preparing regional budgets. So the need for vital and crucial health services deserves special attention. A strong commitment is needed from regional leaders to create a golden Indonesian generation where one of the main supports is the health sector. So that in determining the priority scale for Jember Regency APBD budgeting, priority can be given, this is not only in Jember Regency but also in all regions.

Moreover, currently, Jember Regency is the Regency with the lowest Universal Health Coverage achievements in East Java Province. This shows that Universal Health Coverage has not received priority in the Jember Regency budget. The Jember Regency Government can prioritize the sustainability of Universal Health Coverage in the Jember Regency APBD budgeting when making changes to the 2024 APBD, so that Jember Regency can realize Universal Health Coverage in accordance with the expectations of the president, central government and the community as well as the mandate of the Law.

**B. Improvement the fulfill need health service for Jember residents towards Universal Health Coverage by allocating a budget for free health services for Jember residents.**

In budgeting for health insurance for the population of Jember Regency, the budget size has so far been adjusted to the number of poor people in Jember Regency. However, since 2022 the Jember Regency Government has a free J-Pasti Keren service program where the main target of this program is Jember residents who do not have health insurance or have a guarantee card but cannot use it, so the coverage is wider. The J Pasti Keren program has actually reached the target of the entire population of Jember Regency and is almost in line with Universal Health Coverage coverage, even though the budget is not yet fully in line with Universal Health Coverage coverage targets. J-Pasti Keren's free

health service is a curative health service, namely ensuring treatment for people who are sick. So it will be issued in the form of a service claim if there are sick Jember residents who can be guaranteed health services at the Health Facilities belonging to the Jember Regency Government. Meanwhile, promotive, preventive and rehabilitative activities are not covered in the J Pasti Keren service budget, so it has an impact on the health condition of the people of Jember where currently Jember Regency is the district with the highest maternal and infant mortality rates and stunting in East Java Province and the condition of health services is poor. got a C on the community satisfaction index.

Meanwhile, Universal Health Coverage is a health system that ensures that every citizen has fair access to quality promotive, preventive, curative and rehabilitative health services at affordable costs. So by fulfilling Universal Health Coverage, the benefits obtained by the community will be more comprehensive. By providing Universal Health Coverage health insurance, you will not only get curative health services, but also comprehensive ones. Because by definition, there are three goals of UHC, including:

- 1) The quality of the health services provided must be good enough so that the health condition of the service recipients will improve;
- 2) The public is protected from financial risks, ensuring that the costs incurred will not have a significant impact on the financial condition of service recipients.
- 3) The budget which originally only provided guarantees for J Pasti Keren services can be transferred to provide guarantees with the Universal Health Coverage program so that people get maximum and more comprehensive health services, not only curative but also proactive, preventive and rehabilitative.

**C. Improvement the fulfil need health service for Jember residents towards Universal Health Coverage by shifting the free health service budget J-Pasti Keren to move to the Universal Health Coverage budget**

Jember Regency is the Regency with the lowest Universal Health Coverage in East Java Province with an achievement of 71%. There are still 29% of Jember Regency residents who do not yet have National Health Insurance and they are guaranteed by the J-Pasti Keren Program if they

need treatment at the Community Health Center or at the Regional Hospital belonging to the Jember Regency Government.

In 2023, the 2023 Jember Regency APBD allocated a budget for the Community Health Insurance Management Sub-Activity of IDR 123,239,487,651, with the realization achievement being 99.9%. This shows that this budget is being absorbed optimally. In accordance with the Decree of the Regent of Jember number 188.45/236/1.12/2022 dated 22 June 2022 concerning technical instructions for the free health service program for residents of Jember Regency, if the APBD is not sufficient to finance health services at the Regional Hospital then use BLUD funds while still applying the principle effective and efficient. In 2022, there will be a J-Pasti Keren service for Rp. 32,919,450,936 which has not been paid to RSD dr. Soebandi Jember. And at the end of 2023, there was a claim receivable for J-Pasti Keren services amounting to IDR 35,148,156,105.00 at RSD dr. Soebandi used BLUD funds that had not been paid by the Jember Regency APBD for 2023.

Meanwhile, in 2024, the Jember Regency APBD for 2024 had allocated a budget for the Community Health Insurance Management Sub-Activity amounting to IDR 144,125,206,900. There is a gradual increase in the budget in the Community Health Insurance Management Sub-Activity in an effort to meet health service needs. However, it would be a shame if this were not accompanied by comprehensive health services, including promotive, preventive, curative and rehabilitative. Maximum benefits will be obtained if the budget for curative health services at J-Pasti Keren is shifted to health services in accordance with Universal Health Coverage, which is a health system that ensures every citizen has fair access to promotive, preventive and health services. quality curative and rehabilitative services at affordable costs.

By providing Universal Health Coverage health insurance by implementing a shift in the Jember district APBD budget, the community will not only receive curative health services, but also comprehensive health services in a proactive, preventive and rehabilitative manner. Apart from that, it is also in the context of optimizing the implementation of the National Health Insurance program in accordance with Presidential

Instruction Number 1 of 2022 and as an effort to fulfill the Universal Health Coverage indicator target as mandated in Presidential Regulation Number 1 of 2020 concerning the National Medium Term Development Plan for 2020-2024 that the target proportion of population covered by social security is 98% in 2024.

#### 4. Conclusion

Guaranteed health services with Universal Health Coverage are needed by the people of Jember Regency to improve the condition of health services in Jember Regency which still gets a C on the Community Satisfaction Index and also to improve the level of public health in Jember Regency where the maternal and infant mortality rate and the prevalence of stunting in Jember is the highest in East Java Province. On the other hand, Jember Regency's Universal Health Coverage achievement is the lowest in East Java Province, whereas this is in accordance with the mandate of Law Number 40 of 2004 concerning the National Social Security System (SJSN) and Presidential Instruction (Inpres) Number 1 of 2022 concerning Optimization Implementation of the National Health Insurance Program which mandates that the entire population must receive health service coverage with National Health Insurance (JKN) where Universal Health Coverage is targeted to reach 98% of the total population by 2024, to realize comprehensive, fair, equitable and quality health services, be it promotive, preventive, curative and rehabilitative services. This requires support from all parties and is very worthy of being prioritized, especially in the budgeting system. It is very important to make improvements so that the need for health services for Jember residents towards Universal Health Coverage can be met in a fairly short time, namely targeted to be achieved by the end of 2024. This is in accordance with the National Medium Term Development Plan (RPJMN) for 2020-2024, where Indonesia can realize health insurance for the universe in accordance with the global Sustainable Development Goals agreement.

#### Policy Recommendations

Policy recommendations are policy suggestions that contain operational policy actions that must be taken by policy makers.

##### a) Pre-Requisites

- 1) Population mapping has been carried out based on the Integrated Social Welfare Data (DTKS) proposed for PBI-JK (Health Insurance

Contribution Assistance Recipients) to obtain JKN health service coverage

- 2) There is a commitment from Employers for Wage Recipient Participants (PPU) to ensure that their workers become JKN participants
- 3) Well-off people who have become JKN participants pay mandatory contributions regularly
- 4) There is availability of the Jember Regency APBD budget for 2024 for the implementation of Universal Health Coverage
- 5) There is excess budget financing (SILPA) to encourage budget shifts through the 2024 APBD Amendment mechanism.
- 6) There is support from the Jember Regency Regional Government Budget Team (TAPD) to realize Universal Health Coverage for the residents of Jember.

#### b) Policy Recommendations

- 1) The Jember Regency Regional Government Budget Team, chaired by the Regional Secretary of the Jember Regency Government, has made improvements in meeting the health service needs of Jember Residents towards Universal Health Coverage by shifting the budget for free J-Pasti cool health services which are curative in nature, to the Universal Health Coverage budget which are preventive, promotive, curative and rehabilitative. Previously, the Regional Secretary of Jember Regency was able to communicate and coordinate with Bappeda, BPKAD, Social Service, Health Service, Manpower Service, BPJS Health and Bapenda, to obtain a mapping of Jember's population based on the ability to fund JKN contributions for residents categorized as poor, for communities registered in Integrated Social Welfare Data, as well as coordinating with Wage Payers to register all their employees as JKN participants and most recently registering Jember residents who do not yet have health insurance as JKN participants, so that budget needs can be mapped in realizing Universal Health Coverage. The Regent of Jember should fully support and encourage the realization of Universal Health Coverage in Jember Regency, as a form of responsibility for the mandate of Law Number 40 of 2004 concerning the National Social Security

System, Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of National Health Insurance and Instruction of the Governor of East Java Number 440/209.2/012/2024 dated 23 April 2024 concerning Optimization of Universal Health Coverage.

The Jember Regency Regional Government Budget Team, chaired by the Regional Secretary of the Jember Regency Government, is making improvements in fulfilling the health service needs of Jember Residents towards Universal Health Coverage by using the Surplus Budget Financing (SILPA) of the Jember Regency Government in the Amendment to the Jember Regency APBD for Fiscal Year 2024 and making Universal Health Coverage a priority in the 2024 Fiscal Year APBD Amendment (PAPBD), so that it can meet the urgency of meeting the needs of health services for Jember residents towards Universal Health Coverage in 2024. Previously, the Regional Secretary of Jember Regency was able to communicate and coordinate with Bappeda, BPKAD, Social Service, Health Service, Manpower Service, BPJS Health and Bapenda, to obtain a mapping of the Jember population based on the ability to fund JKN contributions for residents categorized as poor, for communities recorded in the Integrated Social Welfare Data (DTKS), as well as coordinating with Wage Payers to register all employees as JKN participants and finally register Jember residents who do not yet have health insurance as JKN participants, so that budget needs can be mapped in realizing Universal Health Coverage. The Regent of Jember should fully support and encourage the realization of Universal Health Coverage in Jember Regency, as a form of responsibility for the mandate of Law Number 40 of 2004 concerning the National Social Security System (SJSN), Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of National Health Insurance and Instruction of the Governor of East Java Number 440/209.2/012/2024 dated 23 April 2024 concerning Optimization of Universal Health Coverage.

#### 5. Acknowledgments

The researcher expresses her thankfulness and noticed that this research was supported by many parties who were willing to offer the researcher with some guidance and help to completed the research.

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