

Jamkesmas

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Background of Jamkesmas

- From 2008 until now, an evaluation of the Depkes Askeskin Program resulted in a modification of the program's name to become Jamkesmas. Other considerations were as follows:
 - 1) No 'Social Security Implementation Body' (BJPS) exists as of yet, as mandated in UU No. 40/2004 regarding the National Social Security System (SJSN).
 - 2) The management of Askeskin cannot be controlled, as was proven in 2007 when there was a budget deficit (debt claim) to PT Akses (Persero) of Rp 1.130.150.678.334,00.
- Changing the Askeskin Program to become the Jamkesmas Program introduced some fundamental changes, i.e. former management had been implemented by PT Akses (Persero), but starting in 2008, management was taken over directly by the government (Kemenkes), whilst PT Akses (Persero) was only involved in the management of membership.

Jamkesmas Membership

- Members of the Jamkesmas Program from 2010 until Semester 1 in 2012 consisted mostly of the poor and other members whose dues had been paid for by the government, totalling 76.4 million people. The target number of Jamkesmas Program participants from 2010 until Semester 1 in 2012 was sourced from BPS data in 2006, and included 19.1 million poor households (RTM) or around 76.4 million people. Of this number, 72,049,380 people were from a Kabupaten/city and possessed a name and address, whilst the remaining 4,350,620 people were homeless, beggars, street children or those who don't have identity cards.

Outcomes>>>>

- There are dual Jamkesmas membership databases
- The addresses of Jamkesmas members are not complete
- Jamkesmas members are not known by village leaders
- Jamkesmas members who have already passed away are still registered
- Registered Jamkesmas members already have a PNS, TNI or pension
- Data on the total number of poor people, for example in 2 provinces and 13 Kabupaten/cities vary between agencies.

Weaknesses of Jamkesmas

- 1. The database hasn't been updated since 2008. Results from an investigation reveal that the poor who have already passed away are still registered as members of Jamkesmas. Thus, there are Jamkesmas members in Kabupaten/cities who should not be entered into the Jamkesmas Membership Database.
- 2. Inter-agency data on the total number of poor people in 2010, 2011 and 2012 differs between Kabupaten/cities.

Consequences of Jamkesmas's weaknesses

- There are still many poor people who are yet to receive health services because data on the poor hasn't been updated, as a result of data changes in the field. Besides this, there are still misuses of recommendations from authorised institutions, including misuses of cards by those who don't have the right to possess one. Furthermore, there are still members for whom it is difficult to receive SKP due to a lack of a common perception by those who implement the Jamkesmas Program.
- There are still members who are yet to be charged a fee upon receiving medication, AMHP or blood. Plus, the health service system is not yet at its optimum because there are still patients who are rejected due to the poor capacity of hospitals, and the provision and distribution of medicine fails to accommodate the needs of the Jamkesmas Program.
- There is a certain disharmony between Jamkesmas and the Jamkesda Program, meaning that the poor can't receive optimal health services.
- Hospitals always discriminate against those with insurance that has been paid for by the government.

Jamkesmas Budget Trends

Year	2010		2011		2012	
Analysis	Allocation	Realised	Allocation	Realised	Allocation	Realised
Jamkesmas Budget	4,270,690,500,000	4,994,867,300,000	6,348,595,940,000	6,279,679,500,000	7,494,900,000,000	6,686,340,000,000

Notes:

- 1) From 2010 to 2011, there was an increase in the Jamkesmas budget of Rp 2.2 trillion; from 2011 to 2012, there was an increase of Rp 406.6 billion.
- 2) In accordance with data from SBY's Government, poverty is decreasing. However, if poverty is decreasing, then why are Jamkesmas allocated or realised budgets increasing? This trend confirms the irony that government data doesn't at all relate to reality.
- 3) If in 2012 there was a realised budget of Rp 6.6 trillion, then the average premium for one poor person was only Rp 87, 518. However, the minimum premium was small compared to the Rp 1 million premium of DPRD members. Thus, insurance for poor people remains small and the process is difficult. However, insurance for state officials is much larger, and the physical health of state officials is thus more secure, compared to that of poor people.