

# The Policy Strategy for the Acceleration of Population Data Integration and Its Utilization in Indonesia: A Study on the Health Sector Financing

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## Abstract

*Indonesia is now attempting to implement an integrated Population Identification Number (NIK) through electronic National Identity Card (e-ID Card), namely the digital form of personal identity population through electronic identification (e-ID) created in 1970. As for Indonesia, in 2009 it has launched KTP-e (e-ID Card) program as national identity cards by making 7 Districts/Cities as pilot projects. The new policy that sets the population administration shall affect the implementation of its public services. In fact, since 2014 the entire public services of population administration, including the issuance of demographic document of e-ID Cards, are given to the implementing agencies at the district/city. This changes the model and pattern of public services not only in population administration sector but also in other sectors requiring demographic data as the basis of service delivery. One of the sectors seeking to utilize NIK as a single data is national health sector financing i.e. Social Security Agency for Healthcare (Healthcare BPJS). This paper presents the policy strategy for the acceleration of population data integration and its utilization in Indonesia. We focused on the health sector financing. We conducted in seven regions as the pilot project, namely Bandung District, Cirebon City, Jembrana District, Denpasar City, Makassar City, Pangkajene District, and Pare-Pare City, selected based on the range of backgrounds and situations of implementation, expected to reflect the condition in Indonesia. We used qualitative research methodology with action research based on Soft Systems Methodology.*

**Keywords:** *Public administration; Acceleration of population; Data integration and utilization; Soft systems methodology.*

## 1. Introduction

Along with the rapid dynamics of national development, Indonesia is now increasingly required to have an orderly, smooth, and non-discriminatory population administration service according to Law No. 23 of 2006 concerning Population Administration. This demand has a logical consequence on the obligation of the state to more optimally provide protection and recognition of the legal status of the residents, one of the state recognition is by providing an order in possession of ID cards [1]. In term of demand, by the end of 2013, the biometric recording of residents' data (compulsory to have e-ID cards) has reached merely about 180 million people and the issuance of ID card printing has reached only about 145 million e-cards [2]. Thus, in 2014 the overall population of compulsory e-ID cards has not all had the e-ID Cards; there are still some residents (about 35 million Indonesian, or 19 percent) still having non-electronic ID cards. This should be achieved in line with Law No. 24 of 2013 on the Amendment of Law No. 23 of 2006 concerning Population Administration: public services shall use population identity with electronic ID card. In fact, based on the evaluation study conducted in Jakarta, in term of supply, the implementation of e-ID card program has not optimally succeeded [3]. Some of the

obstacles are its failure to measure NIK updates, hence the data validation is lacking. The implementation of e-ID Cards program tends only to meet short-term targets, namely, the fulfillment of voters list data (DPT) both for the 2014 election and 2019 election. This is asserted in the statement of the Minister of Home Affairs, stating that the government in January 2015 has proposed an additional budget to continue the e-ID cards project with a target that it can be used as the basis for the voters list in the upcoming 2019 elections.

Along with this problem, the demand over the use of e-ID cards thoroughly grows higher. In Law No. 24 of 2013 on the amendment of Law No. 23 of 2006 concerning Population Administration, there is a fundamental change, different from Law No. 23 of 2006 concerning Population Administration, namely the assertion of NIK into a single identity number for all matters of public services held by the Government. The Liability to provide public services using NIK is also given a deadline. The Presidential Decree No. 112 of 2013 on the fourth amendment of Presidential Decree No. 26 of 2009 confirms that in order to Implement NIK-based national e-ID cards, the validity of non-electronic identity cards in Indonesia only lasts until December 31, 2014. Therefore, as of the date of January 1, 2015, all Indonesian citizens must already use e-ID Cards as the basis to get public services, such as to obtain a driving license and passport. By the enactment of the Presidential Decree No. 112 of 2013 on the fourth amendment of Presidential Decree No. 26 of 2009, concerning the Implementation of NIK-based e-ID Cards Nationwide, stating that the validity of non-electronic identity cards in Indonesia only lasts until December 31, 2014, therefore as of the date of November 1, 2014, Healthcare BPJS also apply a new rule that participants are required to use e-ID card for their self-registration. This is done in order that the use of the participant data can be fully integrated and used for validating the population data. Because the implementation of e-ID Cards has not been succeeded thoroughly until today, in the end, the implementation of Healthcare BPJS still gives flexibility: the participants are still allowed to use valid non-electronic ID cards as long as the NIK on the Identity Card is in line with the NIK on Family Card, and can be found at the data of Population and Civil Registration Office (*DUKCAPIL*).

As for the growth of Healthcare BPJS Participants, it keeps increasing; until January 6, 2015, it has reached 136.61 million [4]. In 2015, 168 million people are targeted to be registered as participants. Based on Healthcare BPJS Roadmap, it is expected that in 2019 all Indonesian residents have registered as participants [5]. In this case, it must be in line with the ability of e-ID card printing, which currently has recorded only 180 million people and printed e-ID Cards only for 145 million people. Based on the previous study [3] regarding the evaluation of e-ID Cards in Bandung district, it shows that basically, people believe in e-ID Card as a single identifier system that will be beneficial to the provision of public services such as social security, hospital database, and so on. Nevertheless, without the efforts of policy sector to accelerate the integration and synchronization of data existing in each sector, including Healthcare BPJS, then this trust will be difficult to maintain. On the other hand, Healthcare BPJS must meet the target of the entire residents; while the e-ID Cards only record people with NIK of mature age (> 17 years). This will obviously cause problems if the population administration is not followed by solutions to aforementioned problems through policy approach. In terms of policy actors, there are institutional problems that become obstacles, including the understanding of the regional apparatuses regarding the maintenance of e-ID card database that needs to be upgraded and whose service is still ineffective. In addition, there is no synergy between stakeholders in the field, both at the levels of provincial and municipal government to the lowest level of administrative village [3] It is becoming increasingly complicated to overcome because since 2014 all public services of population administration, including the issuance of demographic document of e-ID Cards are given to the implementing agencies at the district/city.

Normatively, based on Law No. 23 of 2006 concerning Population Administration, residents are only allowed to have an e-ID card containing their Population Identification

Number (NIK). According to Law No. 24 of 2013 on the amendment of Law No. 23 of 2006 concerning Population Administration, and Law No. 23 of 2006 concerning Population Administration, there is an assertion that NIK is a single identity number for all matters of public services provided by the Government. To integrate the population administration data in various sectors including national health financing into a single master population data requires solutions in terms of both policy and institutional capabilities to accelerate the data collection process. Accordingly, there should be a policy study of population administration. This paper focus on the policy study in seven regions of the KTP-e pilot projects, namely Bandung District, Cirebon City, Jembrana District, Denpasar City, Makassar City, Pangkajene District, and Pare-Pare City, selected based on the range of backgrounds and implementation situations expected to reflect the condition in Indonesia.

The questions raised are as follows: (1) how is the mapping of the main administration policy associated with the regional autonomy policy in public services (*year 1*)? (2) how is the public service implementation in terms of the main administration i.e. demographic documents including e-ID Cards (*year 2*)? and (3) how is the evaluation of the use of population data and e-ID Cards by the central, provincial and local (district and municipal) agencies (*year 3*)?

This study is divided into five parts. The first part is the introduction explaining the background, the convergence of problems and issues into research questions, and the writing structure. The second part describes the previous literature review as well as the concepts used in the study. The third part describes the research methodology. The fourth part describes the research results analyzed, and the fifth part is the conclusion and suggestions from the research results.

## 2. Literature Review

This study is a development and follow-up to the previous study related to e-ID Card. This study refers to two previous studies having similarities in the study focus. The first study is a study conducted by [3] entitled *Evaluasi Program KTP-e Yang Dinamis dan Mutakhir: A Case Study in Bandung*. This study explains the evaluation of the problems encountered in the development of national policy of e-ID card. The researcher evaluates the implementation of e-ID card program by using seven principles requiring to be considered, namely specificity, inheritance, encapsulation, exhaustiveness, continuity, delegation, and accountability [6]. From the research results, she reveals that to create a smooth implementation of e-ID card program requires a cooperation between the central, provincial, and local (districts and municipal) government. Thus, it is not only the hierarchical relationship between the central and local institutions, but also the good communication in the information and the development of e-ID card policy. This research results on the successful e-ID card program implementation is in line with Paudel's findings in [7] about the factors affecting the successful program implementation, i.e. fostering public confidence, public awareness, easy accessibility, and service availability for the community.

The second study is another study also by Soemartono in [8] entitled *The Dynamics of e-KTP Evaluation Program in DKI Jakarta*. This study focuses on three issues. First, the failure to measure NIK updates, hence the data validation is lacking. The implementation of e-ID Cards program tends to meet only short-term targets (for voters list (DPT) of the 2014 election), and unclear objectives and e-ID Card long term targets that can also be integrated with all ministries related to the formulation of development policies. Second, the understanding of the regional apparatuses regarding the maintenance of e-ID card database that needs to be upgraded and whose service is still ineffective in relation to the number of e-ID Cards that have not been published and technical errors that have not been repaired thoroughly. Third, there is no synergy between stakeholders in the field, both at

the levels of provincial and municipal government to the lowest level of administrative village.

Both of these studies can serve as the basis, yet this study has more comprehensive research coverage (seven research areas) and focuses on the problems of e-ID Cards synchronization in relation to BPJS implementation in all seven research areas. Law No. 23 of 2006 confirms that Civil Registry is one of the sub-systems of the Population Administration. The definition of Population Administration by Law No. 23 of 2003 as amended by Law No. 24 of 2013 concerning the Population Administration is a series of planning and control activities in the issuance of documents and demographic data through the Population Registry, Civil Registration, information management of Population Administration, as well as the utilization of the results for public services and the development of other sectors [9]. The size of city population has long been considered as an important support of public service contract. This relationship is different in various policy sectors: It is negative for the services with high fixed costs due to economic scale, and positive for the services that are difficult to measure due to the large administrative and technical capacity in a larger city [10].

Each organization requires an identification system of citizens' formal identity. According to Clarke in [11] this formal identity is aimed at making a proper scheme of integrity, preventing falsification of data, improving the quality of continuous insurance, and preventing constraints of being anonymous or unnamed for every citizen. In modern era, an identification system of residents' formal identity has been transformed from merely an identity card (ID) to an electronic-based one. According to Castro in [12] the usage of electronic ID system is also beneficial for the business world and government—including digital economy in the field of trade, enabling e-government services, and enhancing security for online transactions. With the use of electronic communications, it can save costs, including shortening the travel time to the government offices or public notary. Similarly, in the business world, it gives the advantage of being able to interact securely with government via online for activities such as paying taxes or applying for a license.

After the enactment of Law No. 23 of 2006 concerning Population Administration, the Government Regulation No. 37 of 2007 on the implementation of Law No. 23 of 2004, and Presidential Decree Number 25 of 2008 on the Terms and Procedures for Population and Civil Registration, the most valid registration system is through the Population Administration System (SAK) because SAK is a series of planning and controlling activities on the issuance of documents and demographic data through registration, civil registration, demographic and administrative information management, as well as the utilization of the results for public services and public sector development. Under the Population Administration System (SAK), provincial and national database are integrated. SIAK is an information system utilizing information and communication technologies to facilitate the management of population administration information in the level of organizing and implementing agencies as a whole. Population Administration Information System is stipulated in Law No. 23 of 2006 [13].

According to Teitelbaum in [14] in dealing with this intersecting population and development issues in developing countries, the biggest challenge encountered by scientists and policy actors is to achieve a better understanding of the complex demographic transition process and to obtain a clearer information basis for policy making. Teitelbaum's opinion is still very relevant to the current condition, namely there are very few stakeholders understanding the urgency of the population problem and using the demographic information as the basis for decision making [14]. Moreover, this is why there is an urge to manage the national population administration effectively and accurately. Asshidiqie in [15] states that the state has an interest to know everything about their own population appropriately and to continuously follow the development in order to determine the right state and government policy; therefore, the task to improve the

welfare and the duty to protect its citizens can be done effectively and efficiently. Accordingly, the state requires an administrative ruling system which can be used as an instrument for the institutional reform and the quality development of human resources existing therein.

Basically, population administration system is part of a government system and state administration, intended to provide protection of individual rights of the residents through the provision of identity as a form of public service in the form of demographic documents. By a precise and accurate population administration, the government can ensure that the whole program development can be achieved effectively, including in terms of national development in Indonesia that demands the quality acceleration of population improvement. Population administration is different from census system. Population administration is a continuous or sustainable recording system. According to the United Nations, a continuous recording system will guarantee a permanent protection system of rights, social status, and individual benefits of a resident of a country. This is why it is very important to implement population administration in the era of AEC 2015 in which the civil rights of every Indonesian resident can be fulfilled from the very beginning so that each individual can work, strive, and compete well in the country. The readiness of population administration to face development in all sectors is manifested by providing a good identification system in advance for each individual. According to Beynon-Davies [16] a good identification system is essential to ensure that policies are effective. With the right and integrated policy of population administration system, other national development policy options will have a strong and clear fundamental information basis as the justification to face national development.

### **3. The Concept of Formulating Institutional Strategy in Public Policy**

Policies in Kybernology (government science) and in the concept of government policy is a value system of policy and wisdom born out of the acumen of the actor or institution concerned. Policy is the best choice within the limits of their competence and binds formally. Wisdom is the best choice to solve the problem, based on conscience, and binds ethically and morally [17]. The institutional and policy contexts become intertwined in terms of forming the various stakeholders' worldview, as expressed by [18]. Institutional and policy contexts intertwined with the strategic side of framing can explain the number and types of frames employed by different stakeholders. The main empirical finding is that both contexts and strategies exert a significant impact on the number and types of frames in EU policy debates.

The model of policy strategy is one of public policy formulation by Dye [19]. The approach by Dye in [19] as quoted by Nugroho in [20] states that this approach uses the strategy formulation sequence as its basis. In addition, Spiller and Tommasi in [21] explains the model of public policy formulation, by using an economic approach i.e. cost transactional, and explains that in bad transaction environment (in the sense of the difference between the data and facts), the policy aiming to improve welfare (welfare-improving policies) cannot be undertaken: "...in bad transaction environment, some welfare-improving policies (or reforms) are not undertaken and there is also under-investment in policy-making capabilities".

### **4. Material & Methodology**

This study was designed to use a mixed method approach, namely a combination of qualitative and quantitative approach [22]. This study is a case study, using research design in the form of intertwined multi cases design. According to Yin in [23], intertwined multicase design is study case consisting of some cases and analysis units. To capture the best practices occurring in some intertwined cases, it requires an approach capable of understanding the situation more specifically and thoroughly so that a

phenomenon specifically related to the research sites can be revealed. This case study design is used because there are more than one object representing national conditions. Although the conclusion is nation-wide, both primary and secondary data are inventories at the level of provinces/districts/cities, i.e.: in Bandung District, Cirebon (West Java), Jembrana District and Denpasar City (Bali), Makassar City, Pangkep District and Pare-Pare City (South Sulawesi).

The study also uses primary data inventory to deepen the triangulation of the stakeholders in the Central Government. Subsequently to follow-up the results of this study on the next stage, the following year, Action Research approach is used. Action research is conducted to previous researches with spiral steps form consisting of planning, action and evaluation of the action results. Three steps in this spiral form (repeated cycle) are the main characteristics of action research until now [24]. Its real form is in the form of implementation supervision of policy recommendations. This qualitative research used action research approach based on Soft Systems Methodology/SSM [25]. SSM approach is best used for research viewing the (social) real world as a complex, problematic and mysterious entity characterized by clashes of worldview [26] and soft ill-structured [27]. Experienced SSM users will move easily between the perception about real world and the feeling about real world, yet remain conscious in making the movement or shift, the seven systemically desirable and culturally feasible changes.

**Table 1. SSM Stages and Data Collection Technique**

SSM Stages	Description	Data Collection Technique
Unstructured Problem Identification	Collecting various kinds of information related to problematic situations through primary and secondary data. The results of the collection and interpretation of information will give an overview of problematic situations in the research context.	In-depth interviews and Focus Group Discussion (FGD) open questionnaire, and literature study
Problem formulation structure	Developing ideas about problematic situations systematically in accordance with the information obtained.	In-depth interviews, FGD and literature study
The Formulation of Root Definition	Developing the 'root' metaphor of the problem that can convey and describe the system in the research context. Root Definitions describe what, how, and why the system is done. RD is used to explore the questions about problematic situations.	In-depth Interviews and literature study
The Formulation of conceptual model	Researcher makes a model according to RD guide, PQR analysis, CATWOE, and 3E criteria ( <i>Efficacy</i> , <i>Efficiency</i> , and <i>Effectiveness</i> ).	FGD, in-depth interviews, FGD and literature study
The Comparison of Conceptual Model and Field Data with Two Modes of Thought	Comparing the study results with the realities of the real world by making a comparative table to facilitate the comparison process. The comparative results will be served as a guide for researchers in designing the changes improving the problematic situations.	FGD, in-depth interviews, FGD and literature study
The Determination of	Analyzing and interpreting the	FGD, in-depth

The Systemically Desirable and Culturally Feasible Changes	problematic situations according to the comparison conducted previously. This analysis results will be the basis for determining changes of problematic situations.	interviews, FGD and literature study
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## 5. Results and Discussion

This study aims to view the e-ID Cards data synchronization with BPJS implementation so that it requires e-ID Card data of the research areas. The following is the e-ID Card data obtained from research in the field. The research results and discussion in the next section use Soft Systems Methodology (SSM) model [25] divided into two main parts. The first part, namely SSM, focuses on the main variables of issues, implications, tendencies if left, as well as the expected conditions. In the second part, namely policy implementation, research and discussion are conducted based on the elements of interpretation, organization, and application [28].

E-ID Card data problem is related to the implementation/synchronization of KIS (the Card of Healthy Indonesia)/BPJS in Bandung, especially experienced by the Regional Public Hospital (RSUD) of Bandung District, mainly focusing on differences between the data on the Identity Card and the data on the Card of Healthy Indonesia (KIS) although its numbers are not considerably large. It also shows that, basically, KIS distribution handled by hospitals in Bandung district has been considerably good. However, the differences of these data require the health service organizers (RSUD) to coordinate with parties concerned (Village, District, Department of Health, Social Services and Population) that frequently takes time. The implementation of data integration has also been found in even the case of KIS participants who are still in the implementation process. Another problem arising is the lack of overall understanding regarding KIS that needs to be upgraded. Hence it is common to find patients' misperception, mainly due to the BPJS/KIS socialization that has not reached the lower-class target.

The Implication of these problems as indicated by miscommunication is often found in cases between the services, the community, and BPJS; therefore, if it is left unchecked, services to the public (patients) will be less optimal, that will also have an impact on the loss of public confidence in health facilities. What is expected by the health care agency, namely Bandung Regional Public Hospital (RSUD), is that the population data used should not only be ID cards since it is only valid for people over 17 years old, while the patients may be under 17 (all ages), and that the acceleration of an accurate and comprehensive one-door population data integration is highly required. The research results of the interpretation element show that even though the service is implemented for the whole community coming to the hospital (RSUD), there are still poor people who do not get KIS; so that the prevalence of receipt of the Certificate of Ability (SKTM) funded by the Regional Budget (APBD) of Bandung District is still high, in contrast to the implementation of KIS funded by the National Budget (APBN). In addition, there are still differences found in the implementation process between the population data of KIS/PBI APBN recipients and the condition/situation in the field. The study and analysis on the application variable show that the referral path has already been applied effectively in RSUD i.e. KIS participants served in RSUD are those who have previously been referred to a higher service level, so that the elimination process of patients has been in accordance to their emergency levels. The presence of KIS/BPJS is considered to better simplify the service, helped also by the presence of communication to the public by using concise, accurate, and clear typology, utilizing simple media in accordance with the conditions of the communities, with regards to the culture and customs around Bandung District.

Unlike Bandung, Cirebon faces different problems, mainly related to the synchronization of demographic data with the implementation of KIS/BPJS based on

NIK. It is indicated by the emergence of double membership, so that the premiums are continuously funded by two sources (APBN/APBD). Moreover, the distribution of KIS is not undertaken through the Department of Health; hence, data checking on dual membership between PBI APBN and PBI APBD cannot be done. Another similar problem is KIS participants whose listed NIK has been used by different names at the time they enter the patient data at a public health center. Similarly, it is common to get KIS participants who have more than one name on their NIK. In this case, it is due to the lack of coordination between stakeholders concerned. In addition, there are many errors in the appointment of the first level health facility (FKTP). For example, in one case, it was found that the card had Healthcare Facilities (*faskes*) listed in Kalidjaga public health center while participants was domiciled in Argasunya village (there were 205 participants spread over 8 RWs), yet at the time of treatment, the patient went to the nearest *faskes*, i.e. Sitopeng public health center, while the capitation fund was provided by Kalidjaga public health center.

Related to the distribution of KIS, there are still constraints related to the data of poor communities as aid recipient (PBI) whose data are still at each institution due to different indicators, so that it is common to get poor communities unlisted as PBI. This is an issue of the absence of inter-institutional agreement concerning poor community indicator. Similarly, the data synchronization between Healthcare BPJS and Central Disdukcapil generates different data of PBI JK participants. The data stored in BPJS membership master file are changed and thus different from the cards that have been distributed. The infrastructure problems are also a constraint. The unmatched ratio of e-ID Card printing equipment and the number printed, as well as limited SIM cards for encoding, and the interference in the sending process of central recording data when it will be adjudicated, hamper the e-ID Card printing service.

KIS distribution in Cirebon City has not yet utilized population data optimally. Even though the local government states that the local population database has been prepared, the implementation is centered on demographic data in the database of BPJS center, considered to be less updated than the demographic data in the regions. This various issues then cause some implications: unfair KIS distribution will raises social jealousy of poorer communities who have not got KIS. In addition, the risk of double BPJS-KIS participant data since the filter is NIK, used by both KIS and BPJS. Moreover, data changes on membership master file are not updated to the cards received by participants; thus, causing some cards to be unfeasible because data arrangement on the membership master file becomes different from the data on KK as the basic data of verification process.

If these problems are left unsolved, there will be a tendency of different data between the data in Department of Population and Civil Registration and those in Healthcare BPJS due to vacant NIK in Healthcare BPJS. Therefore, it is expected that at the time of data collection, there has been a uniform perception for PBI candidates. It is essential to have consistent population data in the distribution of KIS, since all programs distributed by the government aim to improve the welfare of the poor. In addition, the data of JKN-KIS participants should also match the population data; if not then the matching or synchronizing of data should be done. The research and analysis of organization variable show that there is still lack of coordination in KIS distribution with the organizer of the first level health facility (FKTP), so that some cases of double health insurance ownership invisible to BPJS system are found. This lack of coordination is also indicated by differences of birth and address data; there are even a few cases of swapped KIS with similar names. Moreover, the implementations of monitoring, evaluation, and reporting sectors so far are considered not optimal; one of the reasons is because it has not properly involved the Department of Health. In addition, communities who do not report the change of their resident data cause their data not updated to actual changes.

In this implementation process, the parties expected to take an important role is the local supervision (*Binwil*) from various sectors who know the field best. However, there are still many cadres or apparatus of RT/RW (Neighborhood / Community Associations) prioritizing their relatives although they are classified 'capable'; hence sacrificing and making the poor not recorded as KIS/PBI recipients. In addition, there are still illegal charges asked by cadres if there are people wanting to register KIS, while KIS distribution is not a constrain due to the coordination between RW and RT apparatus. As the coordinator at sub-district level, in the process of KIS PBI and JK distribution to participants, Healthcare BPJS collaborates with third-party channels, such as through sub-districts and villages, TKSK (Sub-district Social Welfare Workers) and PT. POS. Once KIS data are completed, the distribution process will be easier without any significant constraints. Related to this process of implementation in Cirebon City, TKSK, Social Services, and the Ministry of Social Affairs play an important role so that KIS distribution can run well. In fact, it has not been optimal since the regulation covering these activities often comes late to the regions/areas so that it cannot be followed up quickly.

Based on the study of application variable, it is not easy to give an understanding to people who are not getting KIS because it is obvious that those receiving KIS are in fact the 'capable/prosperous' while those classified 'incapable'/'poor' from economic, health, or welfare perspectives do not get KIS. This is related to issues discussed previously. In addition, there are many citizens having two insurances (PBI of both APBD and APBN) and yet do not want to be reported for the benefits: if they lose one, they can still use the other one. Another misconception is the opinion that KIS also provides educational grants. Nevertheless, generally, KIS distribution has been good because of the good coordination with the RW and RT apparatus.

The main problems faced in Denpasar City is that data used by the Ministry of Social Affairs in distributing KIS PBI are the non-updated data in 2011; hence participants who had died, moved, worked or been capable (prosperous) are still listed as PBI. Moreover, there are still incorrect NIK and family card number. Other fundamental issues such as the duties of each regional work unit, the difficulties to undergo an effective coordination due to the different agency representatives at each meeting, and the mobilization of the population between districts/cities are found as well. Additionally, there are still common problems such as the lack of blank e-ID cards, the lack of tools for recording and printing, and lack of involved agency-officials whose number is unmatched with the ratio of service demand.

The problems cause the implementation frequently overlapping and the service process longer. It is also possible for participants to have double membership data, and some incapable or poor people have not been fully registered as the Aid Recipient for Health Care Benefits Premium (PBI) of KIS since the Ministry of Social Affairs uses 2011 statistical data. If these issues continue, there will be many invalid data of Aid Recipients, hence hampering excellent public service. Consequently, the local government expects the channeling of KIS, particularly in terms of demographic data, to be directly distributed through the local government in order to be validated properly.

Based on the interpretation variable, the policy implementation of population data synchronization in BPJS/KIS program is conducted in Denpasar in accordance with the guidance of BPJS Center. However, it is found that there are still many people who have not been fully aware of the urge for orderly population administration and understood their rights and obligations to immediately complete their resident data. In addition, a long line is also found at the Department of Population and Civil Registration for registering family card and ID card that affects the services/data input of BPJS/KIS. Responding to this, the policy of the Regional Public Hospitals to serve in accordance with listed KIS and referral from PPK 1 is made.

In terms of organization variable, the implementation conducted by Healthcare BPJS is centralized by collaborating with JNE and local government for KIS distribution in

accordance with NIK data, and by collaborating with the Sub-District Social Welfare Workers (TKSK) in the regions. Related to the population data of the Recipients, wrong NIK and number of family card are still found. In addition, data of participants who had died, moved, worked, or been capable (prosperous) have not been updated yet. Local government makes a supporting attempt through Sub-District Social Welfare Workers (TKSK) for the distribution in rural areas. Moreover, the process of monitoring, evaluation, and reporting should be well managed and input to the application. Another implementation strategies revealed in Denpasar City is through the compulsory program for village government to conduct the validation and assessment carefully, propose it to the District Social Service agency and later to the Ministry of Social Affairs. In this process, it is found that the data collection is still very subjective; there are still many people classified 'incapable' or 'poor' who have not been listed by the local village government. Another problem in the implementation is the lack of information from BPJS to the involved institutions, thus affecting inter-agency coordination.

In terms of the application variable, one of the efforts that has been prepared is carrying out the realization of population data validation for KIS Program. As for data improvement, KIS Recipients whose data are wrong may come to BPJS office to fix their data with supporting evidence (Family Card/KK and ID Card/KTP). Moreover, to reach more KIS/BPJS participants/candidates, KIS distribution process is conducted on the spot and considered easier because the Sub-District Social Welfare Workers (TKSK) involved know better about the situation. Through the Department of Population and Civil Registration (Disdukcapil), Denpasar City makes an acceleration attempt through proactive service, reaching the level of Administrative village/Village about demographic services other than e-ID Card. Through Disdukcapil, Denpasar City has made a breakthrough in terms of the acceleration of e-ID card service by applying the sub-district *PATEN* function that people were served even until Sunday in September to meet the recording target.

In Jembrana District, the main distribution problem is the incomplete data of KIS recipients thus hampering the distribution process, such as unclear addresses and names of participants, and changing addresses of participants. In addition, participants who have passed away or have become capable or prosperous are no longer suitable for being recipients. The Healthcare BPJS of Jembrana District require an NIK ownership integrated with e-ID card in the participant registration and use demographic data as a data source in terms of data improvement and data synchronization to facilitate participant registration as stipulated in the Cooperation Agreement (PKS). The fundamental problem faced in the field is the issue of data accuracy. The problem is that the address written on KIS is sometimes incomplete so that it is considerably difficult to distribute. In addition, another problem is that the data used seems to have expired (not in accordance with current conditions). For example, poor residents issued by BPS are no longer in accordance with the current condition because based on the poor population data set by the decree of Bupati (Head of District) updated annually, there are people who do not get KIS. In general, the distribution of KIS today has not run as expected.

As far as this study is done, the constraint in SIAK implementation is that this application cannot be online completely throughout Indonesia so that the checking of data singularity is still about the data on the local server that there is still a possibility of error at the time of registration. Other common problems are the shortage of qualified human resources, the very limited availability of blank e-ID cards, and the long process so that the participants who should get and use the card cannot access health services. The data synchronization between BPS and the regions is also still an issue that has not been solved optimally. In addition, even though Jembrana District has had a team for factual verification toward the data coming down from the center, it often deals with problems between the data and the facts in the field that are much different, especially in terms of the poor in Jembrana District.

The impact is that KIS distribution activities is less optimal, requiring further validation related to the accuracy and lengthy data taking; in the end KIS is not distributed properly and smoothly. The tendency possibly arising if it is left unsolved is there will be KIS recipients who do not get their rights in health care because they do not get KIS cards and do not know that they are listed as aid recipients. In addition, there is a possibility that KIS quota is not accepted by people who really need it. Therefore, the local government expects that KIS data should be validated and synchronized beforehand. Then, it is validated by each administrative village so that the data of validation result can be used as the basis of the printing and distribution; hence the distribution process can run more optimally.

Based on the **interpretation** element, the socialization to participants has been implemented during the distribution, regarding the rights, obligations, benefits, and procedure; yet, there are still participants who do not understand. The highest complaint is the difference between the identity written on KIS and identity on e-ID cards or KK. To solve this problem, the local government tries to explain to people supposedly obtain KIS but not listed that the data used for KIS distribution are sourced from Central Statistical Agency (BPS) not from the poor book issued by the Government of Jembrana. Nevertheless, the presence of KIS is still regarded as one form of helpful healthcare aid, particularly for RSUD as service providers because before KIS is enacted, if there are people incapable to pay off the cost, the hospitals often waive the cost of care; it eventually became the operational expenses of the hospital.

Based on the **organization** element, Healthcare BPJS collaborates with the Social Service for KIS distribution in Jembrana District. The socialization for the targeted communities is conducted first in the region by involving Camat (head of sub-district) and takes place in local secretariat or village hall for targeting citizens more effectively. Some parties that have a role in this KIS distribution includes Department of Social Welfare because the master data used are derived from this department; Sub-district/administrative village as a source of initial data; regional Secretariat/local government as the holders of territory and policy makers; and Healthcare BPJS as the membership manager. In the process of distribution of KIS PBI JK to participants, Healthcare BPJS collaborates with third-party channels, such as: sub-districts and villages, TKSK and PT. POS. Once KIS data are completed, the distribution process will be easier without any significant constraints. However, this role has not been implemented optimally since the regulation covering these activities often comes late to the regions/areas so that it cannot be followed up quickly.

Based on the **application** element, KIS program in Jembrana District have run in accordance with the provisions. Data validation is performed continuously by the Department of Social Welfare, Healthcare BPJS to which participants come, and the central government as well.

The main problems arising on the interpretation element related to the issues of population data synchronization in KIS/BPJS in Makassar City are mainly caused by the lack of socialization and supporting infrastructure. Moreover, the constraint emerging during resident registration for implementing SIAP is the limited software and hardware since all information on all substances of supporting population program should be online/no longer uses the manual/written information. It will be no longer difficult, therefore, for people to update their residence data. Furthermore, e-ID Card regular service provided by the government of Makassar City has been largely given to the public, yet constrained by the characteristics of the people who have commonly not understood the importance of truthfully completing the population administration. The e-ID card printing organized by the office/ranks of the Department of Population and Civil Registration of Makassar City has been in accordance with the procedure, yet it is often constrained by piles of proposed files that must be printed while the communication network is not good causing such a delay or files piling.

Consequently, in terms of **application** element, the length of service process becomes longer because the ratio of the supporting infrastructure availability and the service demand is not balanced. In addition, the lack of understanding of the community also causes difficulties for public acceptance in the early stages; also making the service process takes longer time. If these problems are left unsolved, the potential result is a long queue, delayed services due to the lack of supporting infrastructure availability such as data collection software and hardware.

Based on the main issues, the KIS/PBI distribution of APBN from the Ministry of Social Affairs is received by post office and BPJS office in 2016 who later should coordinate with the Department of Social Welfare who subsequently orders TKSK or sub-district social welfare workers as a part of its duties to continue the distribution to the administrative village or the village that also coordinate with local government. Since problems arise due to the lack of preparation of TKSK and post officers, and because punctual service is also required, KIS distribution is conducted by village midwives and village health center. In addition, TKSK is commonly taken as a side job, unlike PKH Companion, a full-time job; consequently the performance of TKSK in providing guidance and coordination is ineffective at both the district and sub-district levels.

One of the problems arising related to KIS distribution in Pangkep District is linked to the perception of TKSK as a side job. Most TKSK do not carry out their duty to distribute KIS well, and they seldom socialize KIS to the community. In addition, the other problems are double data of KIS ownership, mistaken input on KIS information such as found in the case of different data between KK and NIK, hence causing the card cannot be used. Such issues require exact implementation strategies. The Department of Population and Civil Registration is expected to regularly report or submit all resident data of those who has died or moved to the Department of Social Welfares every month for KIS distribution requirements.

Based on the **interpretation** element, the population data has not been fully utilized in the determination of KIS participants (particularly in the determination of the underprivileged), proven by the many mistargeted KIS distribution (people who should get KIS do not get it, and vice versa). Based on the **organization** element, the coordination during the process of KIS distribution in Pangkep is still considered less effective because at lower levels such as village and administrative village, people still do not understand the procedure to get KIS. More over the socialization process has not created a motivation to get KIS independently and with sufficient initial preparation. Moreover, the process of monitoring, evaluation, and reporting are still limited and have not run optimally because they still rely on the data from village and administrative village. Other organizational constraints are the absence of institutions that contribute to KIS distribution in Pangkep District; there are only PKH companion directly distributing it to the village and administrative village.

Based on the **application** element, KIS realization for PBI APBD helps people in Pangkep District to be integrated with JKN; though it is sometimes hampered by people who have been already registered as independent participants yet unable to pay monthly dues so that they have many arrears. In addition, in fact, KIS in Pangkep District has not entirely reached residents eligible for KIS. As for the synchronization, the usage of population data for KIS distribution in Pangkep District has been applied, although sometimes not in accordance with KIS data. Moreover, the difficulty of e-ID Card data synchronization with population data validation in Pangkep District is a lack of coordination between agencies.

## 6. Conclusion

Based on the identification result, there are some main problems requiring attention in the policy implementation of KIS distribution related to the utilization of population data,

including: 1) the data-source difference between PBI and non-PBI participants, 2) the disturbance of Technical Facilities (IT, HR etc.), 3) the difference and misinformation in relation to JKN, 4) the lack of understanding of the community and 5) the issue of coordination between institutions/agencies. In addition, there is a problem arising in some regions in relation to population data cleansing conducted by the Department of Population and Civil Registration every 6 months in a year. In fact, the regions researched want the cleaning to be conducted every 3 months in a year, considering that every day there are important events i.e. birth and death. The data source difference between PBI and non-PBI participants causes: 1) anxiety because people who are poorer do not receive the aid from the Government, 2) KIS not distributed properly and smoothly, and it requires further validation and data accuracy as well, 3) the potential for detected double data subsequent to biometrics recording for e-ID and 4) KIS distribution not meet the proper target.

Constraints of technical facilities such as in information technology, infrastructures, and human resource will hamper the service to patients and increase complaints on health facilities, queuing patients, and delayed identification/registration of the patient. The differentiation and incorrect information on JKN/KIS will affect the appearance of the card that cannot be used due to the changing data in the membership master file. The lack of understanding of the community will cause miscommunication in terms of services, community, and BPJS itself. The issue of weak coordination between institutions/agencies obstructs the inhibition of the duty and policy implementation in the field. To address the main issues of population data integration through e-ID Card that affects the health financing sector such as Healthcare BPJS, the implementation of KIS distribution policy based on population data is recommended to consider:

- a. *First*, the commitment from all sectors of the Ministry/involved institution to quickly integrate PBI and Non PBI population data by referring to NIK data.
- b. *Second*, simultaneous activities of coordination, socialization, monitoring, and evaluation; where the socialization program should be planned, budgeted and implemented accurately, intensively, and effectively according to local conditions. In addition, the coordination should be done intensively and open a more effective communication, especially to report all population data changes to the Department of Population and Civil Registration and other social institutions routinely and regularly. Furthermore, some regions request the Department of Population and Civil Registration to perform population data cleaning not every 6 months a year but every 3 months a year, considering that every day there are important events i.e. birth and death. Then, the making of BPJS card is suggested to be based on NIK (Population Identification number) instead of e-ID Card that can only be obtained in the age of 17 years, while every child get NIK since he/she is born. Furthermore, the government is suggested to make sure that blank e-ID cards do not come late, and that each datum entered into the data center requires to be send back, considering that the data integration between the Department of Population and Civil Registration is required by BPJS of City or District, since there is always the case of the population data difference between the Department of Population and Civil Registration and BPJS. In addition, the monitoring and evaluation should be done factually and should solve all constraints of public service administration in terms of population and health services.
- c. *Third*, the presence of mechanisms of rapid population data validation should make sure that the data are complete and accurate so that JKN/KIS can be distributed right on the target. These efforts must be continuous up to the level of administrative village/village where KIS data must be validated and synchronized, including with NIK Data of Dukcapil. These data resulted from thorough validation will be then used as the basis of the printing and distribution so that the distribution process can run more optimally.

- d. *Fourth*, all institutions/agencies should be able to reduce sectoral ego attitude, improve intensive coordination, and open effective communication so that the output of National Population Policy Data Integration through e-ID Cards and JKN/KIS can achieve synergy.

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