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INTERNATIONAL SOCIAL SECURITY ASSOCIATION
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INTERNATIONALE VEREINIGUNG FÜR SOZIALE SICHERHEIT

Good Practices in Social Security

Good practice in operation since: 2017

Involving the society to care about social health care through Kader JKN Programme

Certificate of Merit with Special Mention, ISSA Good Practice Award – Asia and the Pacific competition 2018

**Social Security Administering Body for the Health Sector
Indonesia**

Summary

Kader JKN is a partnership programme that encourages the general public to care about social health care programme. Every social health care provider has its limitations and challenges. We must be smart to optimize resources around us. By creating Kader JKN Programme, the Social Security Administering Body for the Health Sector (BPJS Kesehatan) can manage and go beyond the limitation of its resources to collect contributions from individual or informal sector members and turn the challenges into opportunities. Since its launch in April 2017, BPJS Kesehatan has increased its rate of contribution collection from individual informal sector workers by about 13.9 per cent. Kader JKN Programme proves to have boosted both social and economic development.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

Since BPJS Kesehatan launched the social health care programme called *Jaminan Kesehatan Nasional – Kartu Indonesia Sehat* (JKN-KIS) in 2014, the interest of Indonesians in the programme has increased significantly. By March 2018, the total membership of BPJS Kesehatan accounted for over 78 per cent of the whole population. The goal is universal health coverage by the end of 2018, which means all of the people in Indonesia should join and be covered by the JKN-KIS programme.

JKN-KIS membership is classified into the following two categories according to the payment of contributions:

- Subsidized members who receive national and regional government subsidies.
- Non-subsidized members who are employees of government institutions, private companies or institutions, as well as individual or informal sector members.

Based on this classification, the lowest rate of contribution collection is from individuals and informal sector members. Based on the 2015 research results of BPJS Kesehatan, the causes of non-payment of contributions by individuals and informal sector members are shown in Figure 1.

We can see that BPJS Kesehatan still has a big opportunity to collect contributions from 51.9 per cent of members (less information, difficult to access payment channel, and lazy to pay contributions).

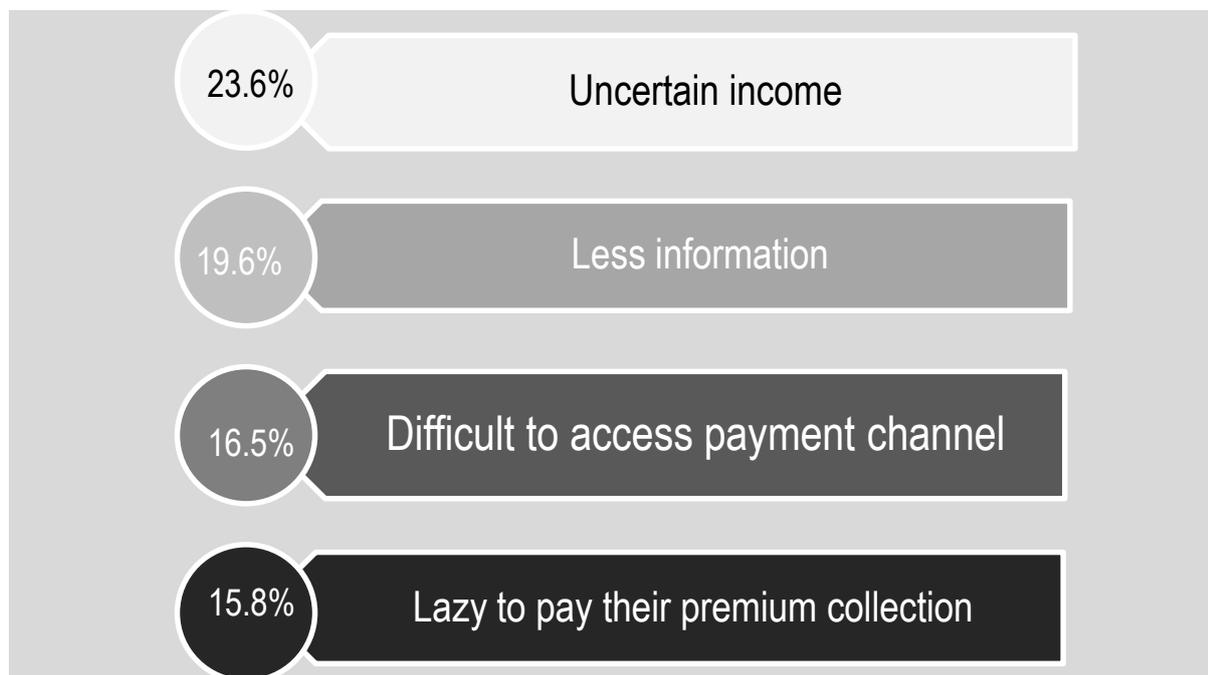
BPJS Kesehatan Management created the Kader JKN Programme as a new strategy to collect contributions, especially from individuals and informal sector members.

Kader JKN is a partnership programme which invites social participation in managing JKN-KIS programme. People who join the programme will manage one or two big groups which consist of 500 to 1,000 individuals or informal sector members. Kader JKN has four functions:

- collecting contributions;
- acquisition of new members;
- social marketing of JKN-KIS Programme;
- handling complaints.

The programme started in April 2017. By May 2018, BPJS Kesehatan had a total of 1,446 Kader JKN agents.

Figure 1. Causes of non-payment of contributions by individuals and informal sector workers



Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

Kader JKN has the following two major functions as a collector:

- reminding members of contribution payment;
- collecting and pooling contributions.

To optimize its work efficiency, the Kader JKN agent network is based on recruitment of members from the closest communities.

To work as a Kader JKN agent, the candidate must:

- be registered as a Payment Point for Online Banking (PPOB), so as to facilitate online payment by individuals or informal sector members who find it difficult to access traditional payment facilities;
- be domiciled near the area of targeted members;
- has graduated from senior high school;
- preferably has worked with a social organization.

The benefits of Kader JKN Programme for its member are:

- The members will get more information anytime they need from the Kader JKN agent.
- The members can pay their contributions directly to the Kader JKN agent if there is no payment channel or facility near their community.
- The Kader JKN agent can pick up their contributions if they are busy or lazy to pay.

The Kader JKN Program brings the following advantages to the BPJS Kesehatan:

- BPJS Kesehatan does not need to recruit new staff as collectors, because individuals and informal sector members can be managed by Kader JKN under which an agent manages one or two big groups. The distribution of members to each Kader JKN agent is based on the location of home and cultural background.
- Kader JKN can raise the awareness of the members in their group, especially about the regulations and major benefits of the JKN-KIS Programme.
- The individuals and informal sector members can be easily contacted by Kader JKN which acts as a partner of BPJS Kesehatan. Collection of contributions has become much easier than before.
- The cost of using Kader JKN is cheaper than recruiting new staff and sending letters to the members, because the remuneration of a Kader JKN agent is based on the sum of collected contributions.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

BPJS Kesehatan had around 2,000 Kader JKN agents in 2017, who managed about two million members.

The management expects to increase the rate of contribution from individuals or informal sector workers by ten per cent in 2016. In spite of the challenge in recruiting enough new agents, management remains quite optimistic in achieving the target.

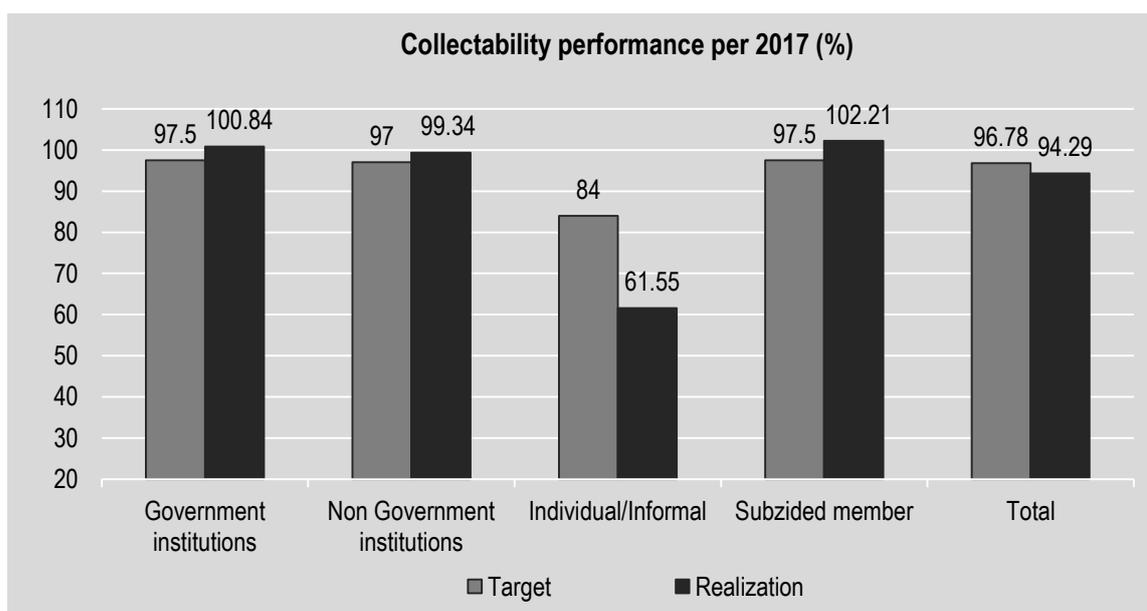
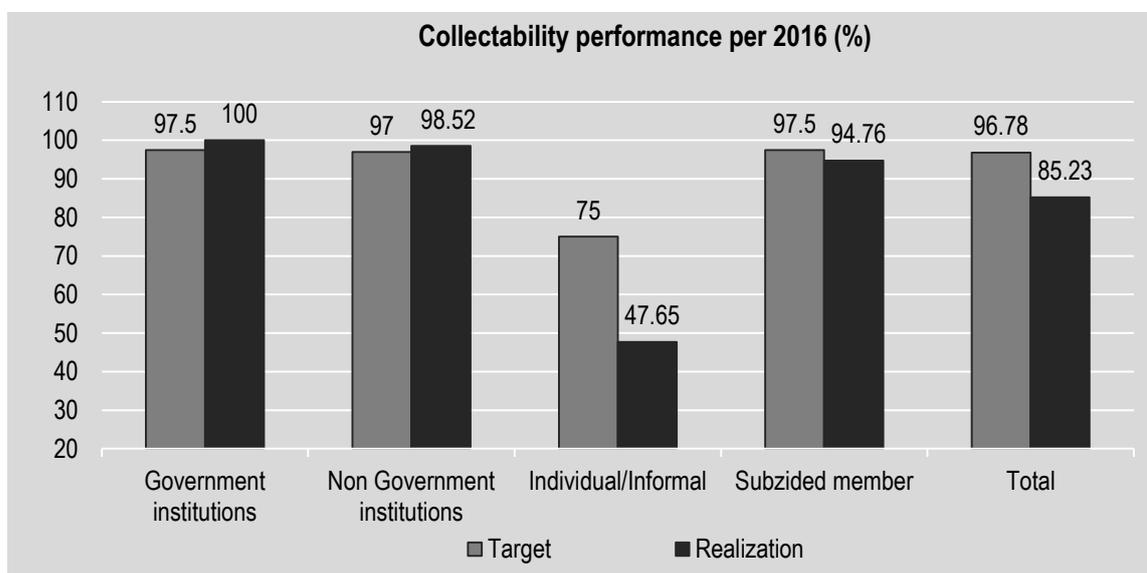
Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

Implementing the Kader JKN Programme is a wonderful experience for BPJS Kesehatan. The programme has attracted much attention from the stakeholders, especially from the President of the Republic Indonesia, as it has great impacts and benefits not only the JKN-KIS Program but also social and development.

- The impacts or benefits for BPJS Kesehatan

The Kader JKN Program improved the rate of contribution collection from individual and informal sector members of BPJS Kesehatan from 47.65 per cent in 2016 (before its implementation) to 61.55 per cent in 2017, an increase of nearly 13.9 per cent.



The total sum of annual collection by the Kader JKN reached 11.648,65 billion Indonesian rupiahs (IDR) in 2017.

- The social and economic impacts

The Kader JKN agents consist of housewives, freelancers and social volunteers, all of whom have been indirectly involved as an agent of change in their community.

- As Kader JKN agents, they disseminate information about the JKN-KIS Programme to help people better understand its benefits as well as service procedures in the hospitals or other medical service providers. It is important because the cost of medical service or treatment is expensive and it will help them to save their money for other productive programmes.

- As Kader JKN agents, they also automatically serve as the agents of Payment Point for Online Banking (PPOB). They get additional income from not only Kader JKN but also various payment transactions by their targeted members including prepaid telecommunication and electricity payment. Every Kader JKN agent gets from Kader JKN at least one million IDR each year as additional income (excluding their income from PPOB transactions).

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

There are some factors that must be well considered before implementing the partnership programme:

1. Knowing our national demographic condition helped us to decide on the appropriate methods, policies and tools to support the social health care programme.
2. Having an in-depth understanding about the culture of our members is important. It is quite challenging because we believe that there is often more than one culture in a country and some of the cultures might be unfamiliar with social security institutions. We may need local partners who can help us reach out effectively to more members.
3. Incorporating comprehensive indicators (such as social and economic impacts) in the partnership programme helps bring the potentials of our partners into full play.

Potential risk in implementing Kader JKN Programme include:

1. Reputational risk. We must select candidates carefully and make sure that as our representatives in the society, they are humble and helpful towards the target members.
2. Operational Risk. We must ensure that we have in place standard operations and business contingency plans so as to avoid unexpected problems.
3. Legal risk. We have to ensure that our programme is in compliance with all legal provisions.