

ABSTRAK

Latar Belakang

Program Jaminan Kesehatan Nasional (JKN) menjamin akses pelayanan kesehatan bagi seluruh peserta. Salah satu kebijakan untuk daerah sulit akses adalah pemberian kompensasi pada Daerah Belum Tersedia Fasilitas Kesehatan Memenuhi Syarat (DBTFMS), termasuk pengiriman tenaga kesehatan. Provinsi Papua Selatan merupakan daerah otonomi baru dengan keterbatasan fasilitas dan tenaga kesehatan, sehingga BPJS Kesehatan menerapkan kompensasi pengiriman tenaga kesehatan ke Puskesmas Ilwayab. Penelitian ini mengevaluasi implementasi pembiayaan kompensasi tersebut dan dampaknya terhadap akses layanan.

Metode

Penelitian menggunakan desain deskriptif kualitatif dengan pendekatan studi kasus. Data diperoleh melalui telaah dokumen kebijakan, analisis data sekunder (Visit Rate, Angka Kontak, Rasio Rujukan tahun 2023–2024), dan wawancara informan kunci (BPJS, Dinas Kesehatan, Puskesmas). Analisis dilakukan secara naratif dengan triangulasi dokumen, data, dan wawancara.

Hasil

Pelaksanaan kompensasi pengiriman tenaga kesehatan di Puskesmas Ilwayab sesuai ketentuan regulasi (jenis kompensasi, komposisi tim, durasi, frekuensi, komponen biaya). Indikator akses meningkat: Visit Rate naik dari 126,68‰ (praimplementasi) menjadi 141,46‰ (fase pengiriman) dan 153,63‰ (pasca pengiriman); Angka Kontak naik dari 111,20‰ menjadi 132,65‰ dan 142,34‰. Rasio Rujukan menurun pasca pengiriman, menunjukkan perbaikan resolusi kasus di FKTP. Kebijakan daerah muncul melalui penempatan tenaga kesehatan permanen dan penguatan sarana prasarana.

Kesimpulan

Kompensasi pengiriman tenaga kesehatan efektif meningkatkan akses layanan primer di wilayah DBTFMS dan mendorong kebijakan daerah untuk keberlanjutan layanan. Disarankan penyesuaian komponen biaya transportasi, penguatan monev berbasis indikator, dan integrasi data untuk efisiensi dan keberlanjutan program.

Kata kunci: DBTFMS, kompensasi pengiriman tenaga kesehatan, JKN, akses layanan, Papua Selatan.

ABSTRACT

Background

The National Health Insurance (JKN) program aims to ensure equitable access to health services for all participants. One policy for remote areas is the provision of compensation in regions classified as Areas Without Adequate Health Facilities (DBTFMS), including the deployment of health workers. South Papua Province, a newly established autonomous region, faces significant challenges in health infrastructure and workforce availability. To address this, BPJS Kesehatan implemented a compensation scheme to deploy health workers to Uli Uli Village by Ilwayab Primary Health Care (PHC) Center. This study evaluates the implementation of this financing mechanism and its impact on service accessibility.

Methods

This research employed a descriptive qualitative design with a case study approach. Data were collected through document review, secondary data analysis (Visit Rate, Contact Rate, Referral Ratio for 2023–2024), and in-depth interviews with key informants (BPJS, District Health Office, and Ilwayab PHC Center). Analysis was conducted narratively using triangulation of documents, quantitative indicators, and interviews.

Results

The implementation of health worker deployment compensation complied with regulatory standards (type of compensation, team composition, duration, frequency, and financing components). Accessibility indicators improved: Visit Rate increased from 126.68‰ (pre-implementation) to 141.46‰ (during deployment) and 153.63‰ (post-deployment); Contact Rate rose from 111.20‰ to 132.65‰ and 142.34‰. Referral Ratio decreased after deployment, indicating improved primary care resolution. Local policy feedback included permanent placement of health workers and infrastructure strengthening.

Conclusion

The compensation scheme for health worker deployment effectively enhanced access to primary health services in DBTFMS areas and stimulated local policy initiatives for service continuity. Recommendations include adjusting transportation cost components, strengthening monitoring based on utilization indicators, and improving data integration for efficiency and sustainability.

Keywords: *DBTFMS, health worker deployment compensation, JKN, health service access, South Papua.*