IMPLEMENTATION OF ELECTRONIC INDONESIAN PILGRIMAGE HEALTH CARD (KKJH) SERVICES IN MEDAN CITY

Novita Anis Zai¹*, Siti Hazzah Nur R²

¹ Universitas Sumatera Utara, Mansur Street No.09, Padang Bulan, Medan Baru District, Medan City, North Sumatera
² Universitas Sumatera Utara, Mansur Street No.09, Padang Bulan, Medan Baru District, Medan City, North Sumatera

Corresponding Author Email: novitaanisz3@gmail.com

ABSTRACT

The Indonesian Electronic Pilgrimage Health Hajj Card (KKJH) Service is one of the Public Service programs which has a background in changing the service system from manual to electronic. The Indonesian Electronic Pilgrimage Health Hajj Card (KKJH) Service program is implemented with the aim of Ease of Service by health workers because the medical history of prospective pilgrims (CJH) is more complete, organized, dynamic, and up to date. In addition, this program also adapts the paperless era to facilitate health checks and guidance for hajj workers and the public. However, in practice the interpretation of the program was not evenly distributed between officers so that the information received by the community was also not evenly distributed. This shows that there are obstacles in the implementation of public services through the Indonesian Electronic Pilgrims Health Hajj Card (KKJH) service program at the Medan City Health Office. This study aims to describe in detail how public services are through the Implementation of the Indonesian Electronic Pilgrimage Health Hajj Card (KKJH) Service in Medan City The research method used in this research is descriptive research with a qualitative approach. Data collection was carried out by interview, observation, and documentation techniques. The data obtained were analyzed qualitatively with the implementation theory approach proposed by Charles Jones covering organization, interpretation, and application. The results of the study indicate that the Medan City Health Office must further enhance cooperation with the Main Health Center such as the Padang Bulan Health Center UPT so that the socialization process can be better understood by health workers so that health workers at the health center can carry out the program effectively as well as the public will understand more about the main function of the Indonesian Electronic Pilgrimage Health Hajj Card (KKJH) Service. In addition, awareness and understanding of health workers is needed with the condition of people who find it difficult to understand electronic matters.

Keywords: Public Policy, Implementation, E-KKJH

1. INTRODUCTION

Indonesia is a country with the largest Muslim population in the world. The large number of Muslim population makes Indonesia the country with the largest number of pilgrimage departures each year. Etymologically, Hajj is visiting, while in terminology, Hajj is visiting the Baitul Haram and its surroundings in the city of Mecca. Performing the Hajj is an annual form of worship carried out by Muslims around the world who are physically capable, knowledgeable, and have the funds used for the purposes of performing the pilgrimage. The pilgrimage itself requires prime body condition so that it can be carried out perfectly. In this case, physical health is very important, both before leaving, while traveling, when performing Hajj, and when returning to the homeland.

The large number of pilgrims in the city of Medan provides its own challenges to the government and implementers (hajj officers). The increasing number of pilgrimage departures and with the increasingly advanced
information technology, the government echoes the e-Government New Public Service (e-Gov NPS) in the ease of access to public services, including in organizing the pilgrimage. As mandated by Law Number 13 of 2008 concerning Organizing Hajj Article 3, it is explained that the government aims to provide the best possible guidance, service and protection for pilgrims so that they can perform their worship in accordance with the provisions of Islamic teachings. This is in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 442/MENKES/SK/VI/2016 concerning Guidelines for Organizing Hajj Health.

To support effective and efficient access to public services, an Electronic Indonesian Pilgrimage Health Card (KKJH) program is held which contains all health data for pilgrims starting from guidance, services, protection for pilgrims, to the results of health checks for pilgrims. The Indonesian Electronic Pilgrimage Health Card (electronic) is a storage device for the health data of pilgrims that is held individually like the Hajj Pilgrimage Health Book (BKJH). This card will access the health data of the pilgrims, because it is linked to data based on Hajj health in the Integrated Hajj Computerized System for the Health Sector (Siskohatkes) and can be accessed via the mobile phone of Indonesian Hajj health workers. Siskohatkes is a set of hardware and software components that are useful for managing data on the health of pilgrims, this function is to manage all health data related to pilgrims and the health services provided. So that the Indonesian Electronic Pilgrimage Health Card (KKJH) is guaranteed to be safe and practical.

The use of the Indonesian Electronic Pilgrimage Health Card (KKJH) will increase the discipline of pilgrims in participating in the health inspection and coaching program, which so far the results of the inspection and guidance are input into the Integrated Hajj Computerized System for Health Sector (Siskohatkes) by the manager/officer of the Hajj health program in the district /city. The Hajj health card contains the International Certificate of Vaccination (ICV) and high-risk types of pilgrims. When compared with the Pilgrimage Health Book (BKJH), which has limitations because it only contains health examination data that is written manually, it does not contain the health guidance process for pilgrims. Meanwhile, the Indonesian Electronic Pilgrimage Health Card (KKJH) contains dynamic and up-to-date data that is listed in the Integrated Hajj Computerized System for the Health Sector (Siskohatkes). The Indonesian Electronic Pilgrimage Health Card (KKJH) was also coined to address technical problems that had fatal consequences for pilgrims.

However, the results of the pre-research still found obstacles, namely in the process of applying the program it was found that pilgrims did not know about the Indonesian Electronic Pilgrimage Health Card (KKJH) due to a lack of understanding or outreach between health workers and prospective pilgrims. This lack of communication also creates a lack of understanding of the function of the Indonesian Electronic Pilgrimage Health Card (KKJH), prospective pilgrims only know the Indonesian Electronic Pilgrimage Health Card (KKJH) as one of the requirements in the form of identity to carry out the pilgrimage. This is evident from the prospective pilgrims who do not know what Siskohatkes is, especially with its functions. As a result, the use of information technology, which should facilitate the service process, ends up being an obstacle because there are still some prospective pilgrims who are still technologically illiterate.

Based on this explanation, it can be interpreted that the implementation of the Electronic Hajj Healthy Indonesia Card (KKJH) service is still not as expected. and in accordance with the meaning of the implementation itself, namely an action or implementation of a plan that has been prepared carefully and in detail. Therefore, the authors are interested in conducting research with the title: "Implementation of Electronic Health Hajj Card Services (KKJH) in Medan City". The urgency of this research is to find out whether the implementation of the Indonesian electronic pilgrimage health card (KKJH) service in the city of Medan has been implemented properly in providing public health services, especially pilgrims or not.

2. METHODS

In the research that will be conducted, researchers use qualitative research methods with a descriptive approach. Qualitative research is research that uses the symptoms/conditions as they are in full and is followed by providing analysis and interpretation. Qualitative research is a research procedure that produces descriptive data in the form of speech or writing and the behavior of people observed by Bogdan and Taylor (1992:21-22). Qualitative research can use several methods in presenting responses and subject behavior as stated by Setyosari (2012: 40) Qualitative research is research that uses observation methods, interviews (interviews), content analysis, and other data collection methods to present responses and subject behavior.

it is known that qualitative research is a research method that emphasizes aspects of understanding in depth about a phenomenon. The research method uses in-depth analysis techniques (in-dept-analysis), namely examining problems on a case-by-case basis because qualitative methodologies believe that the nature of one problem will be different from the nature of other problems.

Qualitative research methods aim to gain an in-depth understanding of a problem by explaining reality conceptually, interpreting the phenomena that are of concern to the researcher and understanding the perspectives of the participants on the problems that occur.

Thus the reason researchers use qualitative research methods with a descriptive approach is to be able to see whether the implementation is in accordance with the implementation in the field and then describe it with a rational interpretation.

3. RESULT AND DISCUSSION

This research can explain the research object under study and provide an overview of the Medan City Health Office, as well as the Primary Health Center in Medan City which is the executor of the Indonesian Electronic Pilgrimage Health Card (KKJH) program.
To implement the Indonesian Electronic Pilgrimage Health Card Service (KKJH) at the Medan City Health Office, researchers used 3 (three) implementation program indicators proposed by Charles O. Jones as follows:

**ORGANIZATION**

In an effort to implement the program, an organization is needed because the organization is a container that can accommodate various facilities and infrastructure to carry out the tasks and functions of people who work together to achieve the goals of an activity or program. Therefore, in the framework of implementing Hajj health, collaboration between organizations/agencies from the Indonesian government, provincial regional governments, regency/city regional governments, and community organizations is needed. In this electronic Indonesian Hajj Pilgrimage Health Card (KKJH), collaboration between district/city government level haj organizers, namely the Medan City Health Office, is required. The organization itself has two characteristics, the first is static because it is only seen from its structure, namely the clarity of tasks, authority and responsibilities, relationships and work procedures, and the second is dynamic which looks at the dynamics, activities/actions rather than the relationship that occurs within the organization it is both formal and informal, for example activities between superiors and subordinates, the relationship between superiors or fellow subordinates. The success or failure of the goals to be achieved in the organization depends entirely on the human factor. For this reason, the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) program requires qualified human resources and facilities, organizational units/structures, and methods of implementation.

**Resources**

Resources are a potential value possessed by a certain material or element in life. Resources are not always physical but also non-physical, the resources of an organization that provide goods and services that are useful for human needs because resources can change and develop over time or can even shrink and disappear. For this reason, creating qualified human resources is needed in carrying out duties, authorities and responsibilities.

In terms of the skills of officers in completing tasks, quality resources are needed that can support a program in implementing policies. In this study, the parties directly involved are the P2P (Disease Control and Prevention) sector, which certainly requires resources as direct actors in implementing policies.

Acceptance of responsibility must be accompanied by the understanding and skills of implementing employees regarding their duties and responsibilities, so that resources, in this case employees, can carry out their duties properly and correctly without any obstacles and misunderstandings in order to realize the objectives of the assigned task, namely the implementation of the Hajj Pilgrimage Health Card program services (KKJH) Indonesia Electronics.

Thus an employee really needs resources in the form of facilities in implementing the services of the Indonesian Electronic Pilgrimage Health Card (KKJH) program. The facility in question is a component that is considered to have value and function in the form of static and dynamic facilities and infrastructure needed to carry out health efforts carried out in an institution or organization carried out by the government, private sector, or the wider community. In this case the agency in question is the Medan City Health Office by the P2P (Disease Control and Prevention) sector which is an extension of the North Sumatra provincial Health Service.

**Units / Organizational Structure**

Broadly speaking, organizational structure is a system that is used to define hierarchies (levels or arrangements) within an organization in order to identify each task, principal and function and where HR will report so that the activities carried out can run and achieve organizational goals and objectives. Generally, the organizational structure is arranged in the form of a chart or hierarchical line and contains a description of each organizational component. With the establishment of an organizational structure, each Human Resource (HR) will have their respective roles and functions. While the main goal is to facilitate the distribution of tasks and responsibilities for each individual in running an organization, in this case the Medan City Health Office government agency.

Judging from the form of organization, the Medan City Health Office is included in the form of a Line and Staff Organization (Line and Staff Organization). Line and staff organization is an organization consisting of line units and staff units. The line units in question are people or units that directly participate in carrying out the achievement of the main tasks/objectives of the organization. While the staff units in question are people or units that do not directly participate in achieving organizational goals, but focus on contributing in indirect matters such as providing staffing assistance, medicines, materials, and so on. If implemented in the Medan City Health Service agency, Line units consist of the Head of Service, Secretary and its sub-sections, Head of Health Resources and their sections, Head of Community Services and their sections, Head of P2P and their sections, as well as the Head of Public Health and its sections. While the staff units consist of UPT (Task Implementation Unit) and Functional Positions.

In the Medan City Health Service government agency, the leadership element is occupied by the Head of the Medan City Health Service, the Secretary is occupied by the Secretary and its sub-sections, and the executive element is occupied by the head of the Health Resources sector, the Community Services sector, the P2P sector, and the Public Health sector. In each field is occupied by a section of each implementing element. The role of the organizational structure is very important because it can coordinate the work of members and can motivate members/employees in carrying out their duties.

In summary, the organizational structure is like the human body which consists of parts, positions, functions, and authorities. At first glance it looks the same but has a slight difference. Parts such as the head, hands and feet. The positions are that the head is above, the hands are beside the body, the feet are located at the bottom. For its functions, the head functions as the center of all circulation of information and thinking, the hands function to hold and take, and the feet function to walk and feel directly the condition of the footing. Meanwhile for authority, the head is to make decisions on all movements of all members of
the human body, the hands are to carry out daily tasks and at a glance they are seen as the busiest limbs, the feet to support the limbs. Meanwhile, in order to improve the function and dynamics of the organization or bureaucracy of the Medan City Health Office, a method is needed in order to achieve the goal.

Method

The method is an orderly way or a systematic process that is used to do something so that the goals are as expected. In other words, the method can also be interpreted as a tool to achieve a goal, or how to do something. A method can be a reference for activities because there is an orderly sequence of ways so that the process of achieving goals becomes more efficient. For the method of procuring and implementing the Indonesian Hajj Pilgrimage Health Card (KKJH) service, the Indonesian Electronic Hajj Health Center, the Ministry of Health, in 2019 issued Technical Guidelines (Juknis) for the operationalization of siskohatkes, which is a series of data collection related to the health, guidance and supervision of pilgrims so that they can issue Indonesian Electronic Pilgrimage Health Card (KKJH).

The series of processes for making the Indonesian Electronic Pilgrimage Health Card (KKJH) has three stages in the health examination, namely: the first stage, in the form of giving portion numbers and a statement of religious or non-religious status with the condition that prospective pilgrims go to the health center with a summons from the Ministry of Religion of Medan City and carry out an examination first stage of health. The second stage is a health check to fulfill the istithaah requirements, if the pilgrims fulfill the istithaah requirements, the prospective pilgrims must be vaccinated to get ICV (International Certificate of Vaccination) issued by the Medan City Health Office, after the congregation has been vaccinated, the puskesmas will input data to Siskohatkes and other parties. The Medan City Health Office as the chief executive of the organization or bureaucracy of the Medan City Health Office, after the congregation has been vaccinated, the puskesmas will input data to Siskohatkes and other parties. The Medan City Health Office as the chief executive of the organization or bureaucracy of the Medan City Health Office, after the congregation has been vaccinated, the puskesmas will input data to Siskohatkes and other parties.

INTERPRETATION

The most important successful implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) service program is the understanding by all parties involved in the implementation and recipients of the program regarding the implementation guidelines, as well as the beneficiaries, in this case prospective pilgrims who have met the requirements. Implementing the program is not an easy thing, it could be that the understanding between officers and beneficiaries will be different, resulting in misinformation that results in the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) program not running optimally. In order to maximize understanding in implementing the Indonesian Electronic Pilgrimage Health Card (KKJH) program, socialization is necessary to minimize the risk of misunderstanding regarding the Indonesian Electronic Pilgrimage Health Card (KKJH) program.

The socialization process for the Indonesian Electronic Pilgrimage Health Card (KKJH) program is carried out formally at the local sub-district health center and the socialization material will be delivered by the head of the P2P (Disease Prevention and Protection) Division of the Medan City Health Office. The socialization process will also inform about the Indonesian Electronic Pilgrimage Health Card (KKJH) and how to use it. Besides that, there will also be socialization regarding istithaah which includes Hajj health checks and vaccines. This socialization was carried out in order to provide understanding to prospective pilgrims about the importance of the Indonesian Electronic Pilgrimage Health Card (KKJH) program services, namely for istithaah services, coaching, and monitoring the health of prospective pilgrims so that it is hoped that prospective pilgrims will always be present at every scheduled agenda, carried out by health workers. So that the purpose of implementing the Indonesian Electronic Pilgrimage Health Card (KKJH) can run well and be understood by prospective pilgrims.

Based on research it is known that the socialization by the Health Office to prospective pilgrims is uneven. This can happen due to several reasons, such as the puskesmas not providing direct counseling but only informing them that the Indonesian Electronic Pilgrimage Health Card (KKJH) is an identification that must be carried anywhere. In addition, the health office will be present to provide socialization regarding the Indonesian Electronic Pilgrimage Health Card (KKJH) if needed (invited) by the health workers at the puskesmas, but what happened in the field were that several puskesmas did not present the Medan City Health Office because of insufficient time so uneven socialization process.

APPLICATION

The government continues to strive to build a National Health Insurance System (JKN) so that it can provide optimal and sustainable public health services in both the short and long term. As with guarantees for Hajj Pilgrim Candidates (CJH) health services, the government has prepared a series of policies in an effort to improve qualified health services. Among them, the procurement of the Indonesian Electronic Pilgrimage Health Card (KKJH) program. In order to improve health, application in a program is closely related to program procedures and work procedures in the form of guidelines and implementers of policy programs. The Indonesian Electronic Pilgrimage Health Card (KKJH) is a community service in the health sector, especially for prospective pilgrims, this program is held in order to facilitate pilgrims and Hajj officials in the process of examining and monitoring the health of pilgrims because the Indonesian Electronic Pilgrimage Health Card (KKJH) uses a barcode or QR code.

The Indonesian Electronic Pilgrimage Health Card Program (KKJH) must be followed by every prospective pilgrim in order to facilitate health services so that his istithaah (ability) in carrying out the pilgrimage is not constrained. In the effort to service the Indonesian Electronic Pilgrimage Health Card Program (KKJH), prospective pilgrims are required to follow a series of stages of Hajj health checks and vaccinations. Candidates who
have attended a series of stages of Hajj examination and have obtained an ICV (International Certificate of Vaccination) are entitled to receive the Indonesian Electronic Pilgrimage Health Card (KKJH).

Health services for pilgrims include promotive, preventive, curative and rehabilitative efforts so that each pilgrim can perform their pilgrimage while maintaining good health. Organizing health checks and coaching for pilgrims includes aspects of knowledge, attitudes and behavior of a clean and healthy life so as to achieve the condition of health istithaah for the congregation. In order to achieve quality Hajj services, it is necessary to strengthen the management of Hajj health administration by developing a Hajj health information system.

The Hajj health information system is implemented through the Integrated Hajj Computerized System for the Health Sector (Siskohatkes). Siskohatkes is a set of hardware and software components that are useful for managing Hajj Pilgrimage health data activities. Siskohatkes was developed as an integrated Hajj health data management system starting from Puskesmas, District/City, Province, Embarkation/Debarkation, Saudi Arabia and integrated with the Integrated Hajj Computerized System (Siskohat).

Siskohatkes hardware and infrastructure is provided and managed by the Data and Information Center (Pusdatin). The Hajj Health Center (Puskesha) acts as a user proposing and using the necessary hardware and infrastructure for the operation and development of Siskohatkes.

The scope of Siskohatkes covers all processes of organizing Hajj health which can be accessed through the Indonesian Electronic Pilgrimage Health Card (KKJH). In order for the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) program services to run effectively, the program is carried out with reference to PERMENKES Number 15 of 2016, the Indonesian Electronic Pilgrimage Health Card Program (KKJH) has health inspection procedures from the first to the third stage. However, for the manufacture of Electronic Indonesian Pilgrimage Health Cards (KKJH), it only goes through the first and second stages of the health inspection procedure. The existence of Health Examination procedures in the implementation of the services of the Indonesian Electronic Pilgrimage Health Card (KKJH) program can assist the P2P (Disease Prevention and Control) Field as well as the sub-district and sub-district health centers of Medan city in understanding the steps for the Hajj Pilgrimage Health Card (KKJH) program services. Indonesia Elektronik precisely so that goals can be achieved efficiently and effectively.

Based on the RESEARCH, it is known that there are several reasons why pilgrims do not know how to access APL and use the Indonesian Electronic Pilgrimage Health Card (KKJH) service program, among others, because they are elderly, not present when socialization is held, forgetting factors, and not being notified again by officials or other fellow pilgrims, and lastly, communication tools they are like mobile phones inadequate versions of Android. For this reason, it is necessary to notify the pilgrims again regarding the important function of the Indonesian Electronic Pilgrimage Health Card (KKJH) so that Prospective Pilgrims (CJH) can be wiser in dealing with their health.

4. CONCLUSION

The Medan City Health Office has carried out the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) program services so that the implementation of the program is more structured and equitable and counseling on the use of the application is easier to understand. The Indonesian Electronic Pilgrimage Health Card (KKJH) program is useful for easy access to health checks anywhere and anytime because it has a QR code or barcode on the card.

Researchers can conclude that the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) program has been running quite smoothly at the Medan City Health Office, all employees understand their Main Duties and Functions in running the program. Obstacles to socialization can still be overcome because prospective pilgrims comply with regulations so that overall there are no significant problems.

If described based on the variables, the conclusions are as follows:

The organization includes employees who are skilled and qualified in running the Indonesian Electronic Pilgrimage Health Card (KKJH) program which is supported by facilities and infrastructure that encourage program implementation. For the sake of smooth implementation of the program, the structure of the Medan City Health Office uses a line and staff form so that the division of tasks and responsibilities can be controlled between superiors and subordinates, besides that a method is needed so that health workers and the community can better understand their respective roles for the realization of Hajj health istithaah.

Interpretation is an understanding by all parties seen in the implementation and program recipients of the implementation guidelines. Interpretation related to socialization, so that socialization is needed in the process of introducing the Indonesian Electronic Pilgrimage Health Card (KKJH) program. Socialization can be in the form of counseling, guidance, coaching, and so on. In the process of implementing the Indonesian Electronic Pilgrimage Health Card (KKJH) between officers, they did not cooperate in terms of socialization so socialization was considered not too important which resulted in the community not knowing the main function of the Indonesian Electronic Pilgrimage Health Card (KKJH).

Application is a program that is closely related to program procedures and work procedures in the form of instructions and policy program implementers. The Indonesian Electronic Pilgrimage Health Card (KKJH) is a community service in the health sector, especially for prospective pilgrims, while it is explained that this program is held in order to facilitate Hajj workers and pilgrims in the process of examining and monitoring the health of pilgrims.
Monitoring can be accessed anywhere and anytime with detailed and up-to-date congregational health data. However, there were some pilgrims who did not know how to access the Indonesian Electronic Pilgrimage Health Card (KKJH) so that the congregation did not know their up to date medical history.

The suggestions that can be given by the author regarding the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) service in Medan City are:

1. It is hoped that the Medan City Health Office can maintain its current performance and further improve it, the Medan City Health Office can increase collaboration between lines and stakeholders that have been built in implementing the Indonesian Electronic Pilgrimage Health Card (KKJH) service in Medan City.
2. It is hoped that the Medan City Health Office and UPT Padang Bulan Health Center continue to maintain good relations in running the Indonesian Electronic Pilgrimage Health Card (KKJH) program in Medan City for the future, and it is hoped that there will be increased cooperation from the Medan City Health Office regarding the introduction of the implementation of the Indonesian Electronic Pilgrimage Health Card (KKJH) program between officials and the community.

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