Implementation Of The National Health Insurance Policy Within The Banggai District Health Office

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Article Information	Abstract
	Abstract: The National Health Insurance Program (Jaminan Kesehatan Nasional, JKN) in Banggai Regency shows several problems in its implementation process. These issues include an insufficient number of health workers as well as inadequate facilities and infrastructure in direct health service units, which result in suboptimal services for JKN participants. Considering these existing phenomena, the author conducted this research to analyze the implementation of the National Health Insurance Program policy in Banggai Regency. The research sites included the Banggai Regency Health Office, Luwuk Regional Public Hospital (RSUD Luwuk), and selected community health centers (Puskesmas) in Banggai Regency. The theory used is the public policy implementation theory by Van Metter and Van Horn (Agustino, 2006:161-163). This research employed a qualitative approach, with informants selected through purposive sampling techniques. A total of seven (7) informants participated in the study. Data collection techniques consisted of observation, interviews, and document studies. Based on the research findings, it can be concluded that the implementation process of the National Health Insurance Program in the Banggai Regency Health Office has not been fully effective. This is due to one of the six policy implementation indicators not being well executed, namely, the availability of resources. The other five indicators—policy standards and objectives, characteristics of the implementing agencies, the disposition of implementers, inter-organizational communication and implementers' activities, and the economic, social, and political environment—show conditions that have been running effectively.

Introduction

Health is a basic human need that must be guaranteed by the state through the provision of quality, equitable, and affordable healthcare services. The Government of Indonesia recognizes the importance of social protection in the health sector by implementing the National Health Insurance Program (Jaminan Kesehatan Nasional, JKN), which has been in operation since January 1, 2014, as part of the National Social Security System (Sistem Jaminan Sosial Nasional, SJSN). The JKN program aims to provide health protection for all Indonesian people without exception, as a concrete manifestation of the mandate of the 1945 Constitution. At the regional level, the implementation of the JKN Program faces various

challenges, both in terms of the availability of healthcare workers, supporting facilities and infrastructure, and the accessibility of health services for the community.

Banggai Regency, as one of the regencies in Central Sulawesi Province, has its own challenges in implementing JKN. Its vast geographical area, uneven population distribution, and limited infrastructure are factors that affect the effectiveness of this policy's implementation. Common problems encountered in the field include a shortage of medical personnel at healthcare facilities, both at the community health center (Puskesmas) level and in hospitals. In addition, the condition of facilities and infrastructure in several healthcare service units remains inadequate to support optimal health services for JKN participants.

This affects the quality of health services received by the community, so that the goal of the JKN Program to provide quality, equitable, and fair health protection has not yet been fully achieved. In light of these phenomena, the author considers it important to conduct research on the implementation of the National Health Insurance Program policy in Banggai Regency. This research focuses on the Banggai Regency Health Office, Luwuk Regional Public Hospital (RSUD Luwuk), and several selected community health centers (Puskesmas).

The theory used as the analytical framework is the public policy implementation theory by Van Metter and Van Horn, which emphasizes six key indicators: policy standards and objectives, resources, characteristics of the implementing agencies, implementers' disposition, inter-organizational communication, and the social, economic, and political environment. Through a qualitative approach, this study is expected to provide a comprehensive overview of the implementation of the JKN Program in Banggai Regency, as well as to identify inhibiting and supporting factors and offer recommendations for improving the effectiveness of policy implementation in the future.

Method

This research employs a descriptive qualitative approach. The qualitative approach is used to obtain an in-depth understanding of the implementation process of the National Health Insurance Program (Jaminan Kesehatan Nasional, JKN) policy in Banggai Regency. The descriptive type of research is chosen because this study aims to systematically describe the facts in the field related to the implementation of the JKN policy as well as its supporting and inhibiting factors.The research was conducted in Banggai Regency, Central Sulawesi Province. The research sites focused on the Banggai Regency Health Office as the leading sector for JKN policy implementation at the regional level, Luwuk Regional Public Hospital (RSUD Luwuk) as the main referral hospital in Banggai Regency, and a selected community health center (Puskesmas) which serves as the frontline for primary healthcare services in the region.

The focus of this research refers to the public policy implementation theory of Van Metter and Van Horn, which includes six main variables: policy standards and objectives, resources, characteristics of the implementing agencies, disposition/attitude of the implementers, inter-organizational communication and implementers' activities, and the economic, social, and political environment. Informants were determined using a purposive sampling technique, which is the deliberate selection of informants based on the consideration that they have knowledge, experience, and direct involvement in the implementation of the National Health Insurance Program (JKN) in Banggai Regency.

Based on this purposive technique, the researcher designated the following informants for this study:
 1) Head of the Banggai Regency Health Office   : 1 person
 2) Head of Health Insurance, Facilities, and Equipment Division   : 1 person

3) JKN program manager at the hospital   : 1 person
4) JKN program manager at the Puskesmas   : 1 person
5) JKN participants   : 3 people
    Total number of informants   : 7 people

Data collection techniques in this study were carried out through several methods:

1) Observation

    The researcher conducted direct observations at the research locations, namely the Banggai Regency Health Office, RSUD Luwuk, and the selected Puskesmas. Observations focused on the JKN service situation, the availability of facilities and infrastructure, the number of health workers, and the interactions between JKN participants and healthcare service providers.

2) In-depth Interviews

    Semi-structured interviews were conducted with the designated informants, namely: the Head of the Banggai Regency Health Office, the Head of the Health Insurance, Facilities, and Equipment Division, the JKN program manager at the hospital, the JKN program manager at the Puskesmas, and three JKN participants. These in-depth interviews aimed to explore information related to the roles, implementation, obstacles, and perceptions regarding the implementation of the JKN Program policy.

3) Document Study Documentation was conducted to complement the primary data through the collection of supporting documents such as: policy documents on JKN implementation in Banggai Regency; statistical data on JKN participants; performance reports from the Health Office, RSUD Luwuk, and Puskesmas related to JKN implementation; and relevant meeting notes or evaluation reports. By employing observation, in-depth interviews, and document study, it is expected that the data obtained will be comprehensive and in-depth to meet the research objectives.

The data collected will be analyzed using the interactive analysis technique by Miles and Huberman (Sugiyono, 2015), which includes three stages:

1) Data reduction, which is the process of selecting, focusing, and simplifying the raw data obtained in the field.

2) Data display, which involves organizing the data in the form of narratives, matrices, or tables to make it easier to understand.

3) Conclusion drawing/verification, which is the interpretation of the analysis results to answer the research questions. To maintain data validity, the researcher applied source and method triangulation techniques. Source triangulation was carried out by comparing data from various informants, while method triangulation was conducted by comparing data obtained from observations, interviews, and document studies.

Result and Discusion

a. Description of the National Health Insurance Program

The implementation of health insurance for the people of Indonesia began several years ago. This program started with Askeskin (2005–2007), which was a special health insurance scheme aimed at poor and underprivileged communities to help them access healthcare services. In 2008, this program evolved into Jamkesmas, and in 2014 it was further developed into the National Health Insurance (Jaminan Kesehatan Nasional, JKN) as we know it today, with broader coverage and greater funding aspects. This program has the same fundamental goal: to guarantee healthcare services for the community as part of the National Social Security System (Sistem Jaminan Sosial Nasional, SJSN) through a social insurance mechanism. Its main

objective is to ensure that the entire Indonesian population is protected within an insurance system so that they can meet their basic health needs.

The study by Hafidz et al. (2018) shows that the implementation of JKN has succeeded in increasing poor communities' access to healthcare facilities, although challenges remain in terms of service quality and the accessibility of health facilities in remote areas. Essentially, the implementation of the National Health Insurance Program aims to provide health protection in the form of healthcare maintenance benefits to meet basic health needs for everyone who pays premiums, or whose premiums are paid by the government. According to Handayani & Nopirin (2020), the implementation of JKN has also had a positive impact on reducing household spending on healthcare costs, especially for low-income households. Health is a basic right for all citizens. Therefore, it is the state's obligation to fulfill the health needs of every citizen. The public health level also has a significant impact on the condition of a country.

Health implications can be felt directly or indirectly in terms of national stability. For example, the occurrence of disease outbreaks or high mortality rates due to poor health conditions are direct impacts that must be addressed by the state. Addressing these problems requires significant resources and special attention, which could actually be minimized through early prevention. This is in line with the findings of Suparmi et al. (2017), who emphasize that promotive and preventive efforts in JKN services still need to be improved so that healthcare financing can become more efficient and sustainable. The indirect impact of poor public health conditions also affects national stability. If people are in poor health, productivity will decline because they cannot work optimally. This results in decreased income, which in turn affects the people who depend on them. This condition can increase poverty rates and reduce the community's contribution to national economic growth. As a result, national development cannot be carried out to its fullest potential.

b. Implementation of the National Health Insurance Program Policy

As a policy product targeting the community, the National Health Insurance (Jaminan Kesehatan Nasional, JKN) program is one of the public policies aimed at the people of Banggai Regency and is part of public policy in the health sector. This program represents an effort to achieve the highest possible level of public welfare, with the community as the primary target group of the policy. Public policy in the health sector through the National Health Insurance program is one manifestation of the government's development efforts in health, including in Banggai Regency. The local government, through the Banggai District Health Office, plays a role in carrying out its functions to address various health development issues within the community.

The actions of the Banggai Regency Government through the Health Office in implementing the JKN program also reflect how the local government has maximized the use of its resources and capabilities for the welfare of its people. Following the enactment of the National Health Insurance policy, what is equally important and requires serious attention is how this policy is implemented effectively. The success of implementation greatly depends on how well the executing institutions or agencies can perform their roles and responsibilities optimally so that the policy goals or targets can be achieved. The importance of policy implementation lies in this stage as a determinant of whether a public policy will succeed or fail. A policy program must be implemented to produce real impacts that align with its intended objectives. For this reason, the researcher outlines the process of implementing the National Health Insurance (JKN) policy by considering various influencing variables.

This aligns with the public policy implementation theory put forward by Donald Van Metter and Carl Van Horn, which highlights six key variables that create a linkage between policy and public policy performance. Several previous studies support the importance of the implementation aspect in the success of JKN. Pohan (2017) emphasized that variables such as communication, resources, disposition, and bureaucratic structure play significant roles in supporting the implementation of health policies. Meanwhile, research by Nugroho et al. (2019) found that the level of compliance among health facilities and cross-sectoral coordination are also key factors in optimizing JKN at the regional level. Furthermore, the study by Anisah & Sari (2020) in several regencies showed that the involvement of local actors, such as village officials and health cadres, has a positive impact on increasing community participation in the JKN program. Research by Sofyan et al. (2021) in Banggai Regency also highlighted the need for enhanced public outreach and regular monitoring so that the benefits of the JKN program can be felt more evenly, especially by communities living in remote areas. Therefore, to support the successful implementation of JKN in Banggai Regency, strengthening coordination, enhancing implementer capacity, and ensuring adequate resource support are required. Without effective implementation, the noble goal of the JKN policy as a health protection guarantee for all segments of society will not be optimally achieved.

1. Policy Standards and Objectives

An ideal, clear, measurable, and realistic policy standard and objective is one of the key factors determining the success of public policy implementation. As explained by Van Metter and Van Horn (in Winarno, 2012:159), policy performance indicators must be precisely identified to assess the extent to which policy objectives have been achieved. Without measurable standards, policy implementation is vulnerable to deviations from its original goals, especially for public policies that target broad interests such as the National Health Insurance (JKN) program. As a public policy instrument in the health sector, the JKN program aims to ensure that every citizen, including communities in Banggai Regency, can access decent and equitable health services without burdensome costs. This is in line with the mandate of Law Number 40 of 2004 concerning the National Social Security System (SJSN), which emphasizes the importance of social protection for all Indonesian citizens.

However, the implementation of this program at the regional level often faces challenges, particularly related to the clarity of policy standards and objectives. In the context of Banggai Regency, the standards and objectives of the JKN program are directed at providing access to basic health services through existing health facilities, from community health centers (Puskesmas) to regional hospitals. Research by Pratiwi & Kartika (2020) shows that the clarity of policy objectives and implementation indicators greatly influences the success of JKN implementation in several regencies in Central Sulawesi, supporting the relevance of these findings in Banggai Regency. The researchers identified the program's success indicators in Banggai Regency as including the program's suitability with the socio-cultural context of the community and the capacity of implementing agencies, clarity of mechanisms and technical guidelines, and realistic policy targets that can be applied in the field.

These variables align with the six variables of policy implementation according to Van Metter and Van Horn, which emphasize the importance of synergy among policy elements, implementers, and environmental conditions. Interview results with an official from the Banggai Regency Health Office explained that the JKN program implementation in this area is managed under the coordination of the Health Office. Funding management is carried out through BPJS Kesehatan, while participant enrollment is facilitated by the Social Service Office. The management mechanism, from verifying participants, distributing funds, to providing

health services at facilities, already has clear procedures. However, regular updates to the participant database are acknowledged as an ongoing challenge that needs to be improved to ensure data accuracy. This finding is consistent with Sofyan et al. (2022), who emphasize that validating participant data is a significant challenge in JKN implementation in many regions, particularly in areas with inadequate information technology infrastructure. Meanwhile, a community health center head in Banggai Regency stated that the implementation of the JKN program at the primary health facility level runs according to applicable mechanisms and technical guidelines.

Their work does not differ much from previous routine services, both in terms of administration and financial management. JKN financial management is similar to other health programs because it is also funded through the General Allocation Fund (DAU). Research by Hafidz et al. (2018) confirms that the readiness of human resources at primary health facilities significantly affects the quality of JKN program implementation. This supports the situation in Banggai Regency, where some staff feel that the work mechanism can still be followed even though capacity building in reporting and administration is needed. At the referral facility level, a JKN program manager at the Banggai Regency General Hospital stated that service mechanisms for participants are already well structured. BPJS Kesehatan participants are first verified and then directed to the appropriate clinic or ward according to their medical needs. The service cost claim process is also carried out through an inventory procedure of patient visits and cost details from the finance department submitted to BPJS Kesehatan for payment. The clarity of these procedures supports program implementation to remain aligned with policy standards and objectives. At the regional policy level, an official in the health insurance division of the Banggai Regency Health Office explained that integrating JKN management within the Health Office structure is considered more efficient and effective than establishing a separate implementing unit. This consideration is due to the close link between JKN health services and service units such as Puskesmas and regional hospitals, as well as the availability of human resources and supporting facilities already under the Health Office. From the beneficiaries' perspective, several JKN program participants in Banggai Regency stated that the health services they received at Puskesmas or regional hospitals did not incur additional costs. Services were perceived as fair without discrimination between JKN participants and general patients. This indicates that the JKN program in Banggai Regency has been running in accordance with the principle of social justice as stipulated in its policy objectives.

Research by Rohimah (2019) also emphasizes that the perception of fairness in health services contributes to increasing community trust and participation in the JKN program. Although the basic indicators of the JKN policy in Banggai Regency have generally been met, supporting research highlights the need for continuous improvement in several aspects. Research by Suparmi et al. (2017) highlights the importance of strengthening promotive and preventive programs in addition to curative services. If policy orientation focuses solely on curative financing, the state's financial burden will increase. In the context of Banggai Regency, promotive and preventive programs still require greater attention through continuous community outreach to achieve the policy's long-term goals. In addition, interview results with JKN program participants indicate that services have been well targeted, but distance and access to health facilities remain challenges in some areas. Some participants still use old cards due to limited information about new administrative procedures.

This finding aligns with Pratiwi & Kartika (2020), who point out that intensive outreach is one of the key success factors for JKN, especially in regions with remote geographical characteristics. Based on interviews, supporting research, and field observations, it can be seen

that the implementation of the JKN program in Banggai Regency aligns with policy standards and objectives. The consistency of the policy with the implementing agencies' conditions, clarity of mechanisms, cross-sector coordination, and field implementers' understanding shows that policy implementation variables are interconnected. Moving forward, challenges such as data validity, availability of trained personnel, and strengthening community-based health education need to be continuously optimized so that the benefits of JKN can be equitably felt by all communities in Banggai Regency.

2 Availability of Resources

Resources are a key element in the implementation of public policy. The success or failure of a policy, including the National Health Insurance (JKN) program, greatly depends on the availability of adequate resources as well as the capacity to manage and utilize them effectively. According to Edward III (in Agustino, 2006:158–159), resources that must be available for effective policy implementation include staff, information, authority, and facilities. Even if a policy is clearly formulated and well communicated, its implementation will not be effective if implementers do not have adequate resources. Van Metter and Van Horn (in Winarno, 2012:170) emphasize that the type and level of resources provided by a policy decision will influence communication activities and implementation. If implementers perceive that the available resources are sufficient, compliance with the policy will be higher. This aligns with the view of Chandler and Plano (in Syafiie, 2006:104), who highlight public policy as a strategic effort to utilize available resources to solve public problems. In the context of JKN implementation in Banggai Regency, the success of the program cannot be separated from the availability of human resources, funding, infrastructure, and an adequate network of health facilities.

Based on the scope of work and program targets, health services are provided through primary healthcare facilities such as Puskesmas and referral hospitals such as the Banggai Regional General Hospital. Services include outpatient and inpatient care, adjusted to the conditions of each health facility. The researcher's observations in Banggai Regency revealed ongoing challenges related to resource availability at several health facilities. A Puskesmas head explained that since the JKN program began, there has been no significant increase in infrastructure despite a sharp rise in patient visits. The increase in patient visits without an accompanying increase in facility capacity causes services to frequently exceed ideal limits. Moreover, the number of health workers has not fully increased in line with needs. As a result, frontline implementers are often overwhelmed in providing health services to JKN participants. This finding is consistent with Pratiwi & Kartika (2020), who highlight that the availability of health workers is a major challenge in JKN implementation in the regions, especially at Puskesmas, which serve as the front line. A different situation is found at the referral hospital level. A JKN program manager at the Banggai Regional General Hospital stated that, in general, facilities and infrastructure are adequate and align with the hospital's classification.

Several specialists are also available, although some are still contract-based. However, BPJS Kesehatan administrative staff at the hospital often feel overwhelmed when patient visits surge drastically. This illustrates that challenges arise not only in medical aspects but also in managing participant administration. Research by Suparmi et al. (2017) reinforces this condition by showing the need to strengthen the capacity of administrative support staff at referral facilities to ensure smooth BPJS claim processes and avoid long queues.

At the regency level, an official from the Banggai Regency Health Office stated that in the early years of JKN implementation, community complaints about slow services were quite common.

This was acknowledged to have occurred because health facility infrastructure was not yet proportional to the significant increase in patient visits. Therefore, gradual efforts were made through building renovations, adding medical equipment, and recruiting additional health workers for Puskesmas and hospitals. Research by Hafidz et al. (2018) supports this view, emphasizing the importance of matching the number and quality of medical personnel with the increasing number of JKN patient visits in various regions. A similar perspective was shared by a health insurance coordinator at the Banggai Regency Health Office, who noted that integrating the JKN program within the Health Office structure was chosen to ensure efficiency, coordination effectiveness, and optimal use of existing health facilities.

This is in line with Van Metter and Van Horn's argument that cross-structural collaboration and adequate resource provision will support optimal policy implementation. From the beneficiaries' perspective, several JKN program patients in Banggai Regency shared similar experiences. Some patients mentioned that the number of health workers, such as doctors and nurses, is still limited, often resulting in long queues. Others stated that the availability of medicines at Puskesmas pharmacies is not always sufficient, forcing patients to buy medicines outside the health facility. Research by Rohimah (2019) highlights the same issue, where the lack of medicines and their distribution often affects JKN participants' satisfaction. On the other hand, JKN participants also noted that despite challenges in facilities and health personnel, the program still provides positive impacts, especially for low-income communities. Access to health services has become more open without the worry of high costs. This finding is also supported by Prasojo (2020), who shows that JKN significantly reduces financial barriers to accessing health services in rural areas.

Regarding Banggai Regency's geographical conditions, the challenge of providing facilities and health workers in remote areas remains a concern. Difficult road access and limited supporting facilities are inhibiting factors for optimal health services at some auxiliary Puskesmas. In this case, it is essential for the local government to continue improving transportation and communication support facilities so that communities in remote areas can equally benefit from JKN services. Based on hospital visit data obtained by the researcher, more than 7,000 JKN participant visits were recorded at the Banggai Regional General Hospital in 2024, consisting of outpatient and inpatient visits. Meanwhile, visits at one Puskesmas in Banggai's urban area reached more than 11,000 in the same year. These figures indicate a significant increase in health service visits since the JKN program was implemented. With this increase, the need for medical personnel, drug availability, infrastructure, and good service management systems becomes even more urgent. This observation reinforces Edward III's view that successful policy implementation requires not only clear policy directives but also adequate and quality resource support. Without fulfilling these resources, the policy's goal of providing equitable health protection is at risk of not being achieved. Thus, the challenge for JKN implementation in Banggai Regency going forward is not only expanding coverage but also improving and strengthening human resources, health facilities, medicine distribution, and updating information technology infrastructure to support accurate participant data. These improvement steps are part of the dynamic policy implementation process, as Agustino (2006) states, that policy implementation is an active and continuous process to achieve outcomes that align with policy goals.

3 Characteristics of Implementing Agents

In the framework of public policy implementation, the characteristics of implementing agents are one of the key factors influencing the effectiveness of achieving policy goals. Van

Metter and Van Horn (in Winarno, 2012:166) emphasize that the characteristics of implementing agents are closely related to the bureaucratic structure, norms, and recurring interaction patterns within the organization. These characteristics reflect the extent to which personnel have role suitability, capability, and support to translate policy into practice in the field. Meanwhile, Edward III (in Agustino, 2006:160) reminds us that the availability of resources and implementers' understanding of policy are not enough, as weaknesses in bureaucratic structure are often the main reason policies are not optimally implemented. Clear standard operating procedures (SOPs), appropriate division of tasks, and effective coordination flows between work units are necessary to minimize potential obstacles during implementation. These principles form an essential foundation for the Banggai Regency Health Office, which leads the implementation of the National Health Insurance (JKN) Program in its area.

The organizational structure of the Health Office is designed to be integrated with its subordinate health facilities, namely Puskesmas and referral hospitals such as the Banggai Regional General Hospital. This integration is expected to create synergistic work patterns between the Health Office, BPJS Kesehatan, the Social Service Office, and health service units. Based on interviews and field observations, it appears that the bureaucratic structure managing JKN in Banggai Regency generally aligns with the program's core activities. Managers at the regency level explained that the coordination flow is organized from participant registration by the Social Service Office, verification by BPJS Kesehatan, to direct services at health facilities. This clear coordination line helps field implementers understand their scope of authority, coordination channels, and responsibilities. At the Puskesmas level, the JKN implementation structure already reflects specific role divisions. The Puskesmas head automatically becomes the program's person in charge, assisted by administrative staff and other health workers. However, as acknowledged by several informants, although role division aligns with SOPs, workloads often increase because JKN managers also double as medical service providers.

This is consistent with Harsono's (2021) findings, which note that the double workload of staff at Puskesmas often causes inefficiency, especially in areas with limited resources. A different situation is seen at the Banggai Regional General Hospital. According to the JKN manager at the hospital, role division and responsibilities are clear and align with the program's core activities. BPJS Kesehatan administrative staff at the hospital focus on handling claim processes, verifying patient data, and ensuring that service procedures comply with standards. However, problems arise when patient visits surge while the number of BPJS administrative staff is insufficient to match the volume. Research by Yuliana & Ramadhani (2020) shows similar conditions in several hospitals in Central Sulawesi, where good task fragmentation must be balanced with adequate supporting personnel to maintain smooth cross-unit coordination. Additionally, the characteristics of implementing agents are also related to competence suitability.

Observations show that most staff managing JKN at Puskesmas and hospitals in Banggai Regency have educational backgrounds in public health or health administration. This supports Van Metter and Van Horn's argument that personnel with basic knowledge of the policy sector (in this case, health) will more easily adapt to cross-unit work patterns. Prasetyo's (2018) study reinforces this by emphasizing the importance of aligning the educational background of JKN administrative staff with the health sector to make coordination with medical personnel more effective. From the service users' perspective, some JKN participants in Banggai Regency feel that the program's implementation is fairly well organized. Participants noted that the presence of dedicated staff to handle JKN at Puskesmas and hospitals makes administrative processes

easier. However, complaints remain about long queues, especially when doctors or medical staff are limited.

This indicates that although the characteristics of administrative agents are appropriate, limitations in medical personnel still affect participant satisfaction. This phenomenon is also reflected in research by Sari & Nugroho (2020), who found that individual implementer competencies must be supported by sufficient medical staff in the field to ensure effective service delivery. Field observations also show that the bureaucratic structure at the Banggai Regency Health Office is quite adaptive to updates in work mechanisms, especially through periodic evaluations. This evaluation process is expected to capture the need for SOP updates, workload redistribution, and adjustments to roles across divisions. This approach aligns with Gibson's view (in Pasolong, 2011:78) that organizational structure influences individual and group behavior, so work patterns and task divisions must be continuously adjusted. Moreover, the organizational chart approach in public administration, as described by Mindarti (2007:20), has advantages because it can map out core relationships and the characteristics of each unit. In the context of the JKN Program in Banggai Regency, the organizational chart outlining the division of tasks among the Health Office, BPJS Kesehatan, the Social Service Office, and health facilities is expected to prevent overlapping tasks. However, optimizing this structure must be accompanied by improving individual capacity through training, technical guidance, and updated policy information.

Another interesting finding is the importance of career development for implementing agents. Some field staff acknowledged that managing the JKN program provides challenging administrative experience, but career development opportunities in this area remain limited. Latifah's (2022) research in East Java supports this finding, emphasizing that structured career development will increase motivation and performance among implementing agents at regional health facilities. On the other hand, community participation also affects the characteristics of implementers. Interview results show that some JKN participants in Banggai Regency have limited understanding of administrative procedures, such as the importance of bringing their BPJS card every time they seek treatment. When participants forget to bring their card, service processes are delayed. This requires JKN staff at health facilities to have good public communication skills so that the community clearly understands the procedures. Prabowo's (2021) research found that the communication skills of JKN implementers at the Puskesmas level are crucial to ensuring smooth services, especially in areas where public health literacy remains low. Overall, the findings in Banggai Regency underscore the importance of implementing agents' characteristics that align with task frameworks, competencies, and inter-unit coordination patterns. A bureaucratic structure that illustrates the relationships between units, supported by clear SOPs, implementers with adequate competencies, and effective communication channels, is a prerequisite for achieving the optimal goals of the JKN Program. This alignment shows that policy implementation is not only about the availability of resources but also about how those resources are organized, coordinated, and maximized through implementing agents with adaptive and professional characteristics.

4 Disposition or Attitude of Implementers

In public policy implementation theory, experts emphasize that the disposition or attitude of implementers plays a crucial role in determining whether a policy is successfully implemented. Van Meter and Van Horn (in Winarno, 2012:168) specifically highlight three elements of implementer response that affect implementation success: understanding of policy objectives, acceptance or rejection, and the intensity of response to the policy. All three

are rooted in individual implementers' perceptions of the goals and values embodied in the policy. From this perspective, examining the disposition variable in the implementation of the National Health Insurance (JKN) Program in Banggai Regency is highly relevant. This study found that most implementers demonstrate a good understanding of JKN's objectives, namely providing equitable health service access for all community groups, especially those who are less fortunate.

This understanding influences field implementers' acceptance, which in turn encourages a positive response intensity toward program implementation. The researcher's field observations indicate that program implementers at the Health Office, Puskesmas, and Banggai Regional General Hospital generally welcome this program enthusiastically. This aligns with Wicaksono's (2020) findings on JKN implementation in East Java, where most frontline health facility staff support the program because it is seen as providing real benefits for the poor who previously had difficulty accessing health services. This support is also closely linked to the implementers' intrinsic motivation, as they feel moral satisfaction in seeing the tangible impact of more affordable health services. Based on in-depth interviews with program implementers at the hospital and Puskesmas levels in Banggai Regency, many staff expressed a sense of fulfillment when helping patients receive proper treatment. Even though their workload has increased due to higher patient visits, implementers still feel that the program is worth fighting for.

On the other hand, some implementers acknowledge that the double workload of handling other medical service tasks outside their JKN responsibilities often triggers fatigue and potential declines in service quality. This factor of a dual workload was also revealed by Badriyah (2018) in her study at several Puskesmas in South Sulawesi, which emphasized that positive motivation and disposition are often hindered by administrative burdens that are not balanced with additional supporting staff. Similar findings are evident in Banggai Regency, especially at Puskesmas serving densely populated areas. In some cases, JKN administrative staff also act as general health service providers, causing BPJS claim processes and participant data collection to be delayed. Nevertheless, in general, implementers in Banggai Regency continue to show acceptance and support for the program.

This is evident from the coordination and evaluation meetings routinely held by the Banggai Regency Health Office, at least every three months. These regular evaluations serve not only as a reporting mechanism but also as a forum for collecting aspirations and feedback from field staff so that problems can be resolved together. Saragih's (2019) research supports the importance of regular evaluations as a means of strengthening implementers' disposition, as they feel heard and involved in decision-making. In addition to acceptance of the program's objectives, the intensity of implementers' responses is also evident in their efforts to bridge technical obstacles in the field. For example, some informants noted that when patients forget to bring their BPJS card, staff help by matching data through the online system, even though this is outside the standard procedure. Such efforts demonstrate the flexibility of implementers' disposition to ensure that services continue in line with the program's spirit. On the other hand, limited facilities and medicines at some Puskesmas still pose challenges that influence implementers' perceptions.

Information from program participants also indicates that although staff strive to serve well, out-of-stock medicines often force patients to buy medicine outside the Puskesmas. This raises public doubts about the program's effectiveness, even though field implementers work hard to overcome these limitations. Supriadi's (2021) research on JKN implementation in Bone Regency reinforces this finding, noting that implementers' motivation and positive attitude are

often insufficient if not supported by adequate logistical support. Implementers can experience mental fatigue when their efforts to provide the best service are hindered by a lack of supporting facilities, which may eventually reduce their level of support for the program. In the Banggai Regency context, some community informants also believe that staff at Puskesmas and hospitals already strive to provide the best possible service. However, the community expects stronger oversight from health facility leaders to ensure service procedures remain consistent and technical issues are resolved more quickly. This expectation aligns with Van Meter and Van Horn's view that individual implementers' perceptions cannot be separated from relationships within the bureaucracy. If supervisors can build clear communication and direction, field implementers' disposition will be more positive.

Additionally, implementers' attitudes are also influenced by their personal values. Most staff in Banggai Regency have a background in public health, so the awareness of the importance of equitable health services is already deeply rooted. These values encourage them to remain committed to serving despite limitations. This aligns with Wulandari's (2022) finding that the alignment of implementers' personal values with policy objectives affects their loyalty in carrying out their duties. The researcher's observations also show that implementers' disposition in Banggai Regency is strengthened by the close social relationships between health workers and the community. In some peripheral areas, communities tend to trust local health workers more than external institutions.

This closeness reinforces the moral responsibility of implementers to provide the best service. However, challenges still arise when community expectations are too high, such as requests for services outside working hours, which cannot always be fulfilled. Overall, the findings on disposition in JKN implementation in Banggai Regency confirm that field implementers' support is already strong in terms of understanding, acceptance, and response intensity. However, this support must be maintained through policies that strengthen motivation, add supporting staff, and hold regular evaluations so that implementers' enthusiasm does not decline due to recurring technical constraints. Van Meter and Van Horn, along with Edward III, emphasize that implementers' disposition can drive policy implementation. However, this disposition can become an obstacle if the policy is perceived to conflict with implementers' personal interests or values. Therefore, it is important for local governments, through the Banggai Regency Health Office, to continue creating a conducive, transparent work environment that supports cross-sector collaboration to keep implementers' motivation high. Thus, the disposition variable in Banggai Regency can be said to be one of the determining factors for the effectiveness of JKN Program implementation. However, this positive disposition will be optimal if accompanied by adequate facilities, a reasonable distribution of workload, and harmonious communication among implementers, health facility management, and the community as beneficiaries.

5 Inter-Organizational Communication and Activities

Communication is fundamentally an interaction process that connects relevant parties in an effort to achieve common goals. In the context of public administration, communication plays a key role in ensuring that the intent, direction of policy, and implementation mechanisms are properly understood by every implementing element in the field. This aligns with the view of Carl I. Hovland (in Suhandang, 2009:14), who defines communication as a process in which a communicator delivers stimuli, generally in the form of symbols or words, to influence the behavior of others. Hovland even identifies four important factors in communication: the communicator, the stimulus or message, the communicatee, and the communicatee's

response to the message. In public policy implementation, Van Meter and Van Horn (in Winarno, 2012:162) emphasize that the prospect of effective policy implementation is determined by the clarity of objectives communicated and the consistency of communication among policy implementers. Clear policy messages shape shared understanding, minimize distortion, and encourage cross-unit coordination so that each party can carry out its role and function optimally.

This study highlights how the communication variable is applied in implementing the National Health Insurance (JKN) Program in Banggai Regency. The author's field observations indicate that communication among program implementers from the Banggai Regency Health Office, Puskesmas, to the Regional General Hospital is established through various formal and informal channels. Communication is not limited to top-down information delivery but is also built through horizontal coordination patterns between work units and direct communication with the community as program beneficiaries. For example, at the health office level, routine coordination meetings are held to ensure program synchronization. These meetings take the form of monthly coordination meetings and semi-annual evaluations involving BPJS Kesehatan and both primary and referral health facilities. Coordination covers not only service technicalities but also strategies to address field challenges, such as delayed claims, drug stock issues, and other administrative obstacles. In addition to formal meetings, field visits by health office leaders also serve as an effective form of communication. Direct visits enable two-way communication between management and technical implementers. Implementers at Puskesmas and hospitals can convey operational obstacles directly, while management can immediately provide relevant guidance or solutions. This is consistent with Agustino's (2006:162) view that communication realized through coordination is an effective mechanism in policy implementation.

The better the coordination established between parties, the lower the potential for implementation errors or obstacles. Based on in-depth interviews, JKN program implementers at health facilities in Banggai Regency generally regard coordination as a fundamental necessity. Puskesmas heads, for instance, actively coordinate with the health insurance division at the Banggai Regency Health Office to ensure services align with the benefits covered by BPJS. Likewise, administrative staff, nurses, and outpatient doctors often coordinate internally to clarify technical matters related to the types of drugs or procedures covered by JKN. This finding is reinforced by statements from some beneficiaries. JKN program patients acknowledge the outreach efforts made by health workers. This outreach is carried out both through direct explanations in waiting rooms and by posting informative posters about JKN service procedures. Such information helps the community understand their rights and obligations as participants, minimizing the potential for miscommunication during service delivery. Nonetheless, challenges remain, particularly in ensuring that communication across parties remains consistent. Some implementers admit that time constraints and heavy workloads prevent them from fully attending coordination meetings. On the other hand, the community also highlights the need to intensify outreach, especially in remote areas where access to information remains limited. This finding aligns with Marwah's (2021) study in Bone Regency, which shows that intensive communication, both formal and informal, greatly influences public perceptions of the JKN program. In addition to coordination among units and technical implementers, horizontal communication across sectors is equally important.

The JKN program is not only run by health facilities but also involves the social service office, which records beneficiaries, and BPJS Kesehatan, which manages financing. Communication among these parties is crucial to ensure participant data accuracy and the

smooth flow of claims. When communication channels are obstructed, the risk of service delays increases, which ultimately affects participant satisfaction with the program. In this regard, the Banggai Regency Government has generally tried to provide adequate coordination forums. However, according to the author, the challenge moving forward is ensuring that outputs from these forums are truly followed up to the lowest operational level. Evaluation should not stop at the administrative level but must be integrated with feedback mechanisms from the community. This is important so that the policy does not remain only on paper but truly impacts increased access to and quality of health services. Recognizing the importance of public communication, implementers at several Puskesmas have also begun using digital media such as instant messaging groups to expedite information dissemination among staff and between Puskesmas. This practice deserves appreciation as a local innovation to overcome the geographical constraints of Banggai Regency's vast area. Nonetheless, the effectiveness of digital communication still needs to be supported by improved information technology capacity and adequate human resource competence.

Based on the overall review, it can be concluded that communication in the form of cross-implementer coordination, cross-sector collaboration, and communication with the community has been relatively well established in Banggai Regency. However, there remains room for improvement, particularly in message consistency, communication intensity in remote areas, and follow-up on coordination meeting outcomes. Referring to Van Meter and Van Horn's view, the clearer and more consistent the communication, the greater the prospects for achieving policy goals. Thus, communication as an important variable in public policy implementation, in this case the JKN program, must be ensured to run in a structured, continuous, and adaptive manner to field dynamics. Going forward, optimizing communication is expected not only to increase program implementation effectiveness but also to build public trust in the government as the public policy administrator.

6 Economic, Social, and Political Environment

The final variable proposed by Van Meter and Van Horn (in Agustino, 2006:162) emphasizes that the success of public policy implementation is largely determined by the support of a conducive external environment. The external environment here includes the community's economic, social, and political conditions, which can influence the course of policy implementation. No matter how well a policy is formulated, it will not run optimally if faced with an unsupportive environment. For example, if the community's socioeconomic conditions remain concerning or local political dynamics are unstable, policy implementation can be hindered or even fail. From the fundamental goal of the National Health Insurance (JKN) program, it is clear that policymakers are siding with the people, especially vulnerable groups who have limited access to decent health services. This condition represents both hope and a challenge. On one hand, the program is easily accepted because the community genuinely needs it. On the other hand, if implementation is inconsistent with its original goals, there is potential for social conflict and politically motivated rejection. This is reinforced by Edward III's findings (in Winarno, 2012) that environmental variables, including public acceptance, play a vital role in determining a policy's success.

From observations in Banggai Regency, public acceptance of the JKN program appears highly positive. This is reflected in the community's enthusiasm for registering as JKN participants. Based on estimates, Banggai Regency's population in 2024 is projected to reach approximately 375,000 people, with an estimated JKN coverage of 85–90 percent of the total population. This means around 318,000 to 337,500 people are already registered as JKN

participants. This achievement indicates that the people of Banggai view the JKN program as a basic necessity that helps them access health services without the burden of unaffordable costs. In in-depth interviews, field implementers acknowledged that the existence of JKN has provided significant benefits. At several Puskesmas and the Banggai Regional General Hospital, program managers stated that they often encountered cases of residents reluctant to seek medical care due to costs before JKN existed. However, with JKN, medical expenses have become much lighter and are almost entirely covered. This strengthens the community's trust that the program truly addresses their basic needs. Additionally, the strengthening of the social environment is evident through the support provided by various parties, including local government, health workers, and community leaders.

All these elements actively participate in educating the public about the importance of enrolling in JKN and utilizing the available services. This consistency is crucial because, as Van Meter and Van Horn noted, solid environmental support can bridge potential failures in implementation at the operational level. Nevertheless, the external environment is not always ideal. Field observations noted several persistent challenges, such as distance and access issues to health facilities in remote villages. For communities living in coastal or mountainous areas, the distance to a Puskesmas can reach tens of kilometers with limited road access. This certainly poses its own challenge. In this context, proactive strategies such as mobile health services or integrated health posts (Posyandu) need to be further optimized. Interestingly, research by Sari et al. (2021) in East Luwu Regency which has similar characteristics to Banggai found similar issues. Sari noted that while public acceptance of JKN is high, its effectiveness is often hampered by limited transportation facilities and a shortage of health workers in remote areas. The study emphasizes the importance of cross-sector synergy, such as collaboration with village governments, to ensure that the JKN program does not stop at the enrollment stage but truly impacts improvements in community health quality. Besides social and economic factors, political dynamics also affect JKN implementation in Banggai Regency. For instance, regional budget policies supporting the JKN program, synergy between the regency government and BPJS Kesehatan, and the legislative body's oversight role are crucial points. A stable political environment that prioritizes public welfare will strengthen the program's sustainability. This aligns with Simamora's (2020) findings in North Sumatra, which show that regions with strong political commitment tend to have broader JKN coverage and better services.

Additionally, community awareness must continually be built. Research by Widodo (2022) in Sleman Regency emphasizes that although JKN coverage is already high, some participants still do not fully understand their rights and obligations. Intensive education through direct outreach, print media, and digital channels is one strategy to bridge information gaps. In Banggai Regency, similar efforts have begun with the installation of posters in Puskesmas waiting rooms, distribution of leaflets, and regular outreach by health cadres. From the implementers' perspective, the environment variable also affects their work motivation. Health workers at Puskesmas or the Banggai Regional General Hospital feel that community support provides them with additional motivation to deliver the best service. However, they also hope for additional medical personnel and supporting facilities, given the surge in patient numbers with increasing JKN participation. This is also highlighted by Nursalam (2018) in his study on nurses' workloads in East Java, which found that JKN's administrative burden often adds to the workload pressure on frontline health workers. Overall, it can be concluded that the external environment in Banggai Regency tends to support the implementation of the JKN program.

This success is inseparable from public acceptance, stable political support, and well-established cross-sector synergy. However, challenges such as geographical access, distribution of health workers, and continuous education still require serious attention to ensure the program's implementation can run optimally and equitably. Therefore, in line with Van Meter and Van Horn's view, a conducive environment is the foundation for successful policy implementation. If any element of the environment whether social, economic, or political does not provide support, it could potentially cause problems in the long term. For this reason, the JKN program in Banggai Regency must continue to be strengthened through ongoing improvements, periodic evaluations, and reinforced collaboration among stakeholders so that its primary goal of improving the community's health status can be fully achieved.

Conclusion

Based on the results of the research and the discussions conducted, it can be concluded that the implementation of the National Health Insurance Program (JKN) policy in Banggai Regency has generally been carried out but has not yet been fully effective. The implementation of this program is already in line with national policies to ensure equitable access to healthcare services, especially for underprivileged communities. However, there are still several issues that affect the success of this policy. Through the analysis it can be concluded that the resource indicator is the main weak point that affects the effectiveness of the JKN Program implementation in Banggai Regency. Supporting factors such as the clarity of objectives, bureaucratic structure, and the disposition of implementers are well established but are not strong enough without being accompanied by adequate human resources and infrastructure.

As a follow-up to the results of this research, several recommendations that can be considered to improve the quality of the JKN Program policy implementation in Banggai Regency are as follows: An Increase in the Number and Equitable Distribution of Health Workers. The local government, through the Health Office, needs to increase the number of medical personnel, particularly general practitioners, dentists, nurses, and administrative staff, with equitable placement extending to Puskesmas in remote areas. Recruiting contract workers or deploying internship doctors can also serve as a short-term solution. Strengthening Healthcare Facilities and Infrastructure. There needs to be well-planned procurement of medical equipment, additional treatment rooms, and improved availability of medicines. This is important to ensure that JKN participants can receive adequate services without having to purchase medicines outside the healthcare facilities.

Improvement of Competence and Incentives for Implementers. The Health Office needs to conduct regular technical training for JKN program managers at the RSUD and Puskesmas, especially related to claims management and administrative procedures. In addition, providing adequate incentives can motivate health workers to perform more optimally. Optimization of Cross-Sectoral Coordination. Inter-organizational communication should be improved not only through formal meetings but also through effective informal communication channels to quickly resolve field problems. Strengthening digital infrastructure to support online claims applications is also an urgent need.

Enhancement of Community Outreach and Access. The local government can collaborate with village administrations to expand outreach on the rights and obligations of JKN participants, including education about tiered referral procedures. In addition, alternative transportation or mobile healthcare services can be pursued to reach communities in remote

areas. Budget Policy Recommendation: The Banggai Regency Government should prioritize the JKN program in the local health budget allocation. Adequate budget commitment will support efforts to improve infrastructure and recruit health workers as needed.

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