Perceptions of community beneficiaries of the JKN- KIS PBI program on the effectiveness of health services in Mimika Regency

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Abstract
Purpose: This study aims to analyze the perceptions of the community beneficiaries of the Health Insurance Program regarding the effectiveness of healthcare services in Mimika Regency.
Research methodology:
Results: The analysis results indicate that the success of the JKN-KIS PBI program provided by the regional government of Mimika Regency to the underprivileged is considered moderately effective.
Conclusions: The study concludes that the Health Insurance Program (JKN-KIS PBI) implemented by the regional government of Mimika Regency is perceived by community beneficiaries as moderately effective. Although the program has reached its target demographic and generated some tangible improvements, there are notable gaps in areas such as program socialization, public understanding, and alignment with intended goals.
Limitations: This study is limited by its exclusive focus on the effectiveness variable, without exploring other key dimensions such as service quality, accessibility, or satisfaction levels. Additionally, it relies solely on quantitative descriptive analysis, which may not capture the depth of individual experiences or contextual nuances in healthcare delivery.
Contribution: his research contributes to the literature on public healthcare program evaluation by highlighting beneficiary perspectives on the effectiveness of regionally implemented insurance schemes. It offers valuable insights for policymakers in refining outreach strategies and improving the alignment of health insurance services with community needs in underserved regions.

Keywords: *JKN-KIS PBI, Program Effectiveness, Program Socialization, Program Understanding, Program Targeting, Program Goals, Tangible Changes*

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1. Introduction
Health is a fundamental human right and plays an essential role in the social life of communities. Health serves as the primary capital for physical, mental, and social welfare (Nasirin, 2016). Therefore, health issues are not only the responsibility of the government but also require active participation from the community. When public health is disrupted, the consequences can be felt in national development processes and may lead to significant economic repercussions. To address this, the government must provide a high-quality and effective healthcare system.

As part of its responsibility, the government continues to strive to improve the health standards of the community through the implementation of social security programs (Paska, 2023). These programs function as social protection, ensuring the fulfillment of basic needs for the community to achieve a decent life. Several health insurance programs previously implemented include the Community Health Insurance (Jamkesmas), Regional Health Insurance (Jamkesda), Social Health Insurance (ASKES), and the latest program, the Social Security Organizing Agency (BPJS) (Mathewos et al., 2017).

Through BPJS Health, the government runs the National Health Insurance (JKN) program. This program provides healthcare services managed by BPJS as the official institution for social health insurance for all citizens. On March 1, 2015, the Indonesian government expanded the scope of the National Health Insurance (JKN) program by introducing the Healthy Indonesia Card (KIS). This card serves as an official identity for all JKN participants, not only limited to economically disadvantaged groups but encompassing all citizens regardless of social-economic status (susanti, 2022).

According to the government policy, JKN-KIS participants are divided into two categories: the Contribution Assistance Recipient (PBI) participants and non-PBI participants. Non-PBI participants are financially capable citizens required to pay monthly contributions according to the selected service class (Class I, II, or III). This group includes wage earners and their families, self-employed individuals or non-wage earners, as well as individuals who are not employed and their family members. On the other hand, the PBI group consists of poor or less affluent citizens who are designated as recipients of aid by the government according to official regulations (Maulana, Soewondo, Adani, Limasalle, & Pattnaik, 2022).

The National Health Insurance-Healthy Indonesia Card (JKN-KIS) program, organized by BPJS Health, is a realization of the implementation of Law No. 40 of 2004 on the National Social Security System (SJSN). This program brings new hope for all Indonesians by ensuring the protection of their social security rights, especially for the poor, including in Mimika Regency. Efforts to improve healthcare services continue to be made, one of which is through the JKN-KIS PBI program, which encourages the increase in healthcare facilities, including hospitals, community health centers, clinics, and professional medical personnel in Mimika Regency. This program has been proven to ease the medical costs for the community, and the use of JKN-KIS PBI services has expanded, including at the Mimika Regency General Hospital (RSUD). However, many issues remain, including suboptimal healthcare services provided. The JKN-KIS program aims to implement the mandate of Law No. 40 of 2004 on the National Social Security System (SJSN) by giving new hope to the people of Indonesia regarding the certainty of social security protection rights. Based on these issues, the author intends to conduct research on "The Perception of Beneficiaries of the Health Insurance Program Regarding Healthcare Services in Mimika Regency."

A.   Problem Formulation and Problem Boundaries
1.   Problem Formulation
Based on the background described above, the research question is: How do the perceptions of the public, particularly the users of the JKN-KIS PBI program, align with the effectiveness of healthcare services in Mimika Regency?
2.   Problem Boundaries
To ensure the research remains focused, the following boundaries have been set:
   1) The research will be conducted at the Mimika Regency General Hospital (RSUD).
   2) BPJS Health will be limited to the National Health Insurance-Healthy Indonesia Card (JKN-KIS) program.
   3) JKN-KIS will be limited to the Contribution Assistance Recipient (PBI).
   4) Program effectiveness indicators will be limited to program socialization, understanding of the program, program targeting, program objectives, and tangible changes.

B.   Research Objectives
The objective of this research is to analyze the perceptions of users of the JKN-KIS PBI program regarding the effectiveness of healthcare services in Mimika Regency.

C. Research Benefits

1. Practical Benefits

The practical benefits of this research are as follows:

> 1) For the local government of Mimika Regency, it will provide input for improving the JKN-KIS PBI program aimed at helping the poor.
> 2) For the author, it will provide further insights into the effectiveness of the JKN-KIS PBI program.

2. Academic Benefits

The academic benefit of this research is to serve as a reference for future researchers studying the effectiveness of the BPJS Health program.

2. Literature Review

A. Theoretical Framework

1. Social Security Agency (BPJS) Health

Referring to the provisions in Law No. 40 of 2004 concerning the National Social Security System and Law No. 24 of 2011 concerning BPJS, BPJS Health officially began operating on January 1, 2014, as the institution responsible for organizing social security in the health sector.

BPJS Health, as a public legal entity, is responsible for providing health insurance services to all Indonesian citizens. The National Health Insurance (JKN) program aims to ensure that every citizen, whether paying contributions independently or funded by the government, has access to adequate healthcare services.

BPJS Health is a state-owned enterprise specifically mandated by the government to manage the health maintenance insurance program for all Indonesian citizens. This program specifically covers Civil Servants, pensioners from the civil service, the military (Nuratni, Agung, & Artawa), and police (POLRI), veterans, independence fighters and their families, as well as workers in private enterprises and the general public.

2. National Health Insurance-Healthy Indonesia Card (JKN-KIS)

The National Health Insurance-Healthy Indonesia Card (JKN-KIS) program is a health protection effort designed to guarantee that every participant receives healthcare services and assurance for their basic health needs. This program covers both participants who pay premiums independently and those who receive assistance from the government through the Contribution Assistance Recipient (PBI) scheme. (BPJS Health, 2022:6).

Referring to the provisions in Government Regulation No. 6 of 1992, the form of the public company (Perum) was converted into a Limited Liability Company (PT. Persero) with the aim of providing greater financial management flexibility, enabling contribution negotiations with the government for the benefit of service participants, and promoting management independence. Subsequently, PT Askes (Persero) was appointed by the government through the Ministry of Health of the Republic of Indonesia to implement the Health Insurance Program for the Poor (PJKMM/ASKESKIN) in 2005. In line with the mandate of Law No. 24 of 2011, PT Askes Indonesia (Persero) officially transformed into BPJS Health on January 1, 2014. Although BPJS Health had functioned as the organizer of national health insurance, on November 3, 2014, President Joko Widodo launched an additional health program called the Healthy Indonesia Card (KIS).

According to the Social Security Organizing Agency (2022:7), there are three main reasons driving community participation in the JKN-KIS program: protection, the spirit of mutual cooperation (gotong royong), and compliance with regulations:

1. Protection: The JKN-KIS program is designed to provide a guarantee of access to healthcare services for its participants. With this guarantee, it is expected that community productivity will increase as their health is better protected, which ultimately leads to improved living standards. This form of protection covers the individual, family, and others.

2. Mutual Cooperation (Gotong Royong): The concept of mutual cooperation, which is a core value of Indonesian society, is reflected in the JKN-KIS system. Through this program, healthy participants contribute to the financing of participants who are sick, specifically by paying regular premiums and maintaining their health. This fosters a sense of empathy and social concern among citizens(Nashihah, Suryawati, & Kusumastuti, 2023).

3. Compliance: Participation in this program also reflects citizens' adherence to applicable legal provisions, whereby each individual and their family members are required to register as JKN-KIS participants and follow the established healthcare procedures (Nashihah et al., 2023).

Every Indonesian citizen is required to be registered as a participant in the JKN-KIS program managed by BPJS Health. This obligation also applies to foreign nationals who have worked in Indonesia for at least six months, provided they have registered or been registered and fulfilled their contribution payment obligations.

According to the Social Security Organizing Agency (2022:9), Health Insurance participants include:

1) Health Insurance Contribution Assistance Recipients (PBI JKN) are health insurance schemes for the poor and economically disadvantaged, where all contributions are paid by the central government through the State Budget (APBN).

2) Non-PBI Health Insurance participants include:

(1) Wage-Earners (PPU) are individuals employed by employers and receive a salary or wage. This group includes PPU from both the public and private sectors, along with their families. PPU from the public sector includes Civil Servants (PNS) at the central and regional levels, Government Employees with Work Agreements (PPPK), members of the military (Nuratni et al.) and police (POLRI), government officials, members and leaders of the regional representative council (DPRD), village heads and their staff, as well as non-civil servant government employees (PPNPN). Meanwhile, PPU from the private sector includes workers and their families working in state-owned enterprises (BUMN), regional-owned enterprises (BUMD), and private companies.

(2) Self-Employed Workers (PBPU) are individuals who work independently or run their own businesses, bearing all work risks themselves. This group includes freelancers and people who do not receive fixed salaries or wages from an employer.

(3) Participants categorized as Self-Employed Workers (PBPU) and Non-Workers (BP) are eligible to receive healthcare services in Class III inpatient rooms. In this case, the payment of their contributions is fully the responsibility of the local government.

(4) Non-Workers (BP) are individuals who are not registered as JKN-KIS participants, with their contributions paid by the Central or Local Government and are not included in the Wage-Earning or Self-Employed Worker categories. This group is divided into two: BP participants from the public sector and BP participants from outside the public sector.

a. BP participants from the public sector include veterans, independence fighters, pensioners, and their heirs, such as widows, widowers, and children of BP participants from the public sector. Pensioners include retired state officials, retired Civil Servants (PNS), as well as retired members of the military (Nuratni et al.) and police (POLRI).

b. BP participants from outside the public sector include individuals such as investors, employers, pensioners not from government institutions, and others who have the economic capacity to pay their contributions independently.

Every person who does not fall under the categories of Employer, Worker, or Contribution Assistance Recipient (PBI), but meets the requirements to be a JKN-KIS participant, is obligated to register themselves and their family members as participants in the program.

The procedure for registering family participants in the JKN-KIS program is adjusted according to the type of participation as follows (Wachid, Dewi, & Tyantaka, 2020):

1) Contribution Assistance Recipients (PBI) Health Insurance participants are individuals registered by the Ministry of Health according to the official decree of the Minister of Social Affairs of the Republic of Indonesia.

2) Participants from the Self-Employed Workers (PBPU) and Non-Workers (BP) groups who receive healthcare services in Class III with contributions paid by the local government are registered through a mechanism carried out by the local government in accordance with the provisions in the agreed cooperation agreement.

3) For participants from the Wage-Earning Workers (PPU) category, the family members who can be included in the participation are the legally married spouse (husband or wife), biological children, stepchildren from a legal marriage, and legally recognized adopted children. The maximum number of family members that can be covered is four people. Children included in the coverage must meet certain requirements:
    1. B Must not be married or have independent income, and
    2. Must be under 21 years old, or up to 25 years old if still pursuing formal education.

    If one child no longer meets the dependency requirements, their position can be replaced by the next child in the birth order. Additionally, PPU participants can also register additional family members such as the fourth child onwards, biological parents, and in-laws.

4) PBPU and BP participants are required to register all family members listed in one Family Card (KK), including the legally married spouse, children, and other family members living in the same household.

3. Measurement of Effectiveness

Assessing the effectiveness of an organization is a complex task, as the concept of effectiveness can be viewed from various perspectives and is greatly influenced by who conducts the assessment. From a productivity standpoint, for example, a production manager might define effectiveness as the output of goods and services, in terms of both quantity and quality.

Effectiveness can also be measured by comparing the established plan with the actual outcomes achieved. However, if the efforts, work results, or actions undertaken do not meet their target or objectives, then the condition is considered ineffective.

Several experts have proposed various approaches that can be used as the basis for assessing the effectiveness of an organization. One notable figure, Robbins—as cited by Indrawijaya (2010:177)—clearly outlines four main approaches to assessing organizational effectiveness:
1) Goal Attainment Approach: This approach evaluates organizational effectiveness based on how well the established objectives have been achieved. The main focus is on the end results, although it also considers the balance between the goals and the means or strategies used to achieve them.
2) System Approach: This approach emphasizes the importance of the continuity and overall existence of the organization. In this framework, effectiveness is assessed by how well the organization manages and maintains critical elements such as human resources, organizational structure, and optimal utilization of technology.
3) Strategic Constituencies Approach: This approach views the sustainability of an organization as highly dependent on continuous support from stakeholders. Therefore, effectiveness is measured by the organization's ability to meet the expectations and needs of strategic constituencies that impact its existence.
4) Competing Values Approach: This approach is a combination of the three previous approaches, where each approach represents a set of different values. Effectiveness is assessed by considering various perspectives and interests, which often conflict with each other but together form a comprehensive framework for evaluating organizational performance.

Etzioni, as cited by Indrawijaya (2010:187), introduced an approach to measuring organizational effectiveness known as the System Model. This approach is based on four main criteria, which are the organization's ability to adapt, build internal integration, motivate its members, and produce outputs or products that align with its goals:

1) Adaptation refers to the extent to which an organization can adjust and respond effectively to external environmental dynamics.
2) Integration assesses organizational effectiveness based on its ability to foster social interactions, create shared understanding (consensus), and maintain harmonious communication among its members.
3) Motivation is evaluated by the availability of supporting facilities or resources to facilitate the execution of tasks and functions within the organization, as well as the alignment between members' behaviors and the organization's objectives.
4) This criterion evaluates the organization's effectiveness by examining the intensity of activities performed, as well as the quantity and quality of outputs (work results) produced by the organization.

Georgepoulos and Tannenbaum, as cited by Indrawijaya (2010:197–188), suggested that a more accurate approach to assessing organizational effectiveness is one that utilizes several elements commonly found in well-functioning organizations. Based on the studies conducted, three main aspects are considered as indicators of effectiveness: productivity, which refers to economic efficiency; stress levels, indicated by the presence of conflicts and tensions within the organization; and flexibility, which refers to the organization's ability to respond to both internal and external changes. Additionally, Strees in Mustofa (2015:17) also outlines several criteria that can be used to measure organizational effectiveness more thoroughly, as follows:
1) Productivity
2) Work adaptation ability
3) Job satisfaction
4) Profitability
5) Resource acquisition

In line with Steers' thinking, the process model approach to measuring organizational effectiveness is developed through three main perspectives. The first dimension is goal optimization, where achievement of targets is assessed by how much priority a goal receives in terms of attention or resource and funding allocation. The second dimension focuses on the organization's relationship with its external environment, stressing the importance of the organization's response and adjustment to the surrounding conditions. The third dimension focuses on human behavior within the organization, which is considered central to achieving organizational goals and performing overall activities.

From the explanation above, it can be concluded that organizational effectiveness can be analyzed from various complementary perspectives:
1) Assessing organizational effectiveness solely based on performance achievement is too simplistic and does not reflect the complexity of comprehensive effectiveness assessment. This is because every organization has multiple goals, which may sometimes conflict with one another. The challenge lies in how an organization can set realistic targets to achieve, considering the limitations of resources, facilities, and funding available.
2) Not all indicators can be used simultaneously to measure organizational effectiveness. For example, the drive to increase profit sometimes leads individuals to become overly optimistic about market opportunities, which can ultimately obscure objective assessments.
3) The assessment of organizational effectiveness ideally includes various indicators, such as operational efficiency, the organization's ability to adapt to changes, internal integration, member motivation levels, and production capacity generated.

According to Streers as cited in Lestari (2016:39), effectiveness can be measured through three main indicators. These three indicators are used as benchmarks to assess how far an activity or program achieves its objectives:

1) Goal achievement is understood as a series of processes that must be carried out progressively. To ensure the final goal is achieved, the organization needs to develop a step-by-step approach, both in terms of small milestones and based on strategic priorities.

Two important sub-indicators of goal achievement are specific targets and the timeline for implementation, which serve as tangible success benchmarks.

2) Integration refers to the organization's ability to build effective communication and create shared understanding (consensus) among its members. This aspect emphasizes the importance of the socialization process to maintain internal cohesion and alignment within the organization.

Adaptation is an effectiveness indicator that reflects how well an organization can adjust to external environmental conditions. This is closely related to how well the program's implementation aligns with the actual situation on the ground. According to Budiani in Khadafi and Mutiarin (2017), the effectiveness of a program can be measured using several variables, including:

1) Targeting accuracy, which refers to how well the program's participants match the previously determined target group.
2) Program socialization, which refers to the ability of the implementers to widely communicate program information to the public, especially the target groups.
3) Goal alignment, which assesses how well the results of the program's implementation align with the previously defined objectives.
4) Program monitoring, which is a follow-up process after program implementation to evaluate and provide attention to the beneficiaries.

According to Schemerhorn John R. Jr. (1986:35), effectiveness is defined as the degree of success in achieving the set output. The measurement of effectiveness is carried out by comparing the planned or budgeted output (OA) with the actual output (OS). If the OA value is greater than the OS value, the activity is considered effective.

4. Program Effectiveness

Gitinger, as cited in Kartasasmita (1996:30), stated that a program is essentially a collection of activities organized into a group, either carried out independently or collaboratively, with similar goals and objectives. Programs are systematically and strategically planned to ensure that their execution can achieve the established goals. Therefore, the process of program formulation becomes a crucial aspect, as it includes problem analysis, alternative solutions, as well as the formulation of objectives and targets to be achieved.

Abdal (2015:145) stated that implementation is the policy phase that bridges the program formulation with its impact on the beneficiaries. This aligns with Westra's view (2018:36), who mentions that a program is a statement detailing the types of work to be done along with its execution guidelines. Furthermore, according to Siagian (in Westra, 2018:37–38), program formulation is the concrete result of a plan designed to have clear operational characteristics.

Owen and Rogers, as cited by Suharto (2006:120), stated that a program is a series of activities designed to produce certain changes in the targeted groups. A similar view was expressed by Reksopoetranto (2002:70), who described a program as a form of social activity that is systematically organized, has a specific and directed goal, and is carried out within a set time and location.

According to the Economic Development Institute of the World Bank, as cited by Reksopoetranto (2002:77), a program is understood as a series of long-term activities aimed at driving development progress in a specific sector. In its implementation, the program consists of several more specific and detailed projects, designed to meet targets aligned with the overall strategic goals of the program.

Effectiveness of a program can be defined as a measure of how successfully the program has been implemented in achieving the objectives that were previously defined. One method to assess effectiveness is by evaluating how well the program aligns with the established goals. According to the Directorate General of Binlantas Depnaker (1983, cited in Satries, 2011), program effectiveness can be determined by comparing the results achieved (output) with the program's objectives. Additionally, participants' responses can also serve as benchmarks to assess effectiveness. This aligns with

Kirkpatrick's views, as cited by Cascio (1995 in Satries, 2011), which states that participants' reactions to the program are one of the indicators used to evaluate the success of the program's implementation.

According to Budiani (2007:53), there are several indicators that can be used to measure the effectiveness of a program, including:

1) Targeting accuracy, which refers to how well the program reaches its predetermined target participants.
2) Program socialization, which refers to the implementer's ability to communicate the program's information to the public, especially to the target participants.
3) Goal achievement, which assesses how well the results achieved align with the program's initial objectives.
4) Program monitoring, which refers to activities conducted after the program to evaluate and provide attention to the participants.

Meanwhile, Krech, Crutchfield, and Ballachey in their work Individual and Society, as cited by Danim (2004:119) in the book Motivasi Kepemimpinan dan Efektivitas Kelompok (Kristanto, 2013:5), explain the indicators of program effectiveness as follows:

1) The amount of output achieved, which is the quantity of results or outputs from activities or organizations, usually analyzed through the ratio of input to output.
2) Satisfaction level, which can be measured both quantitatively and qualitatively based on perceptions of the achieved results.
3) Creativity of the results or products, referring to the creation of conditions that support innovation and the development of work capacity.
4) Implementation intensity, referring to the level of commitment and high involvement, which reflects the sense of ownership of the program.
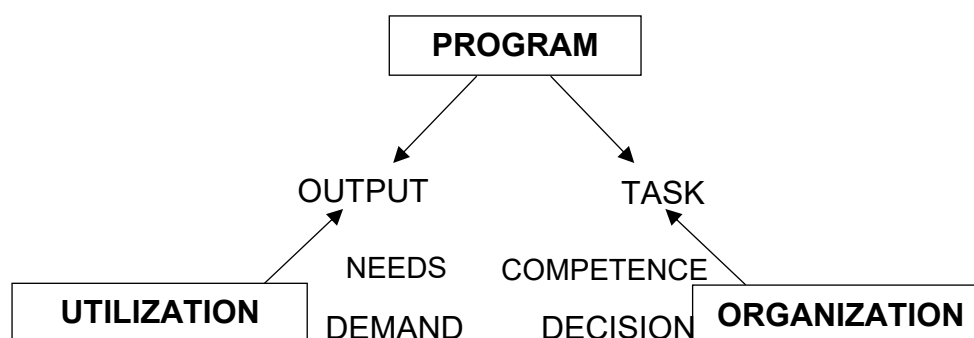
To assess the effectiveness level of a program in an organization, Sutrisno (2007) in Pertiwi (2021:4) summarizes studies from several experts regarding indicators that can be used, including:

1) Understanding of the program, which reflects how well the public or the involved parties understand the content, goals, and mechanisms of the program being implemented.
2) Targeting accuracy, which refers to the alignment between the target goals and the actual outcomes from the program's implementation.
3) Timeliness of implementation, as seen in the alignment of the program's execution timeline with the established schedule or plan.
4) Goal achievement, measured by the program's success in realizing the initial goals set from the beginning.
5) Tangible changes, assessed by the direct impact or effects felt by the community, such as changes in behavior, social conditions, or other aspects.

5. The Theory of Suitability

To achieve the effectiveness of a program, a well-developed concept in the implementation process is necessary. A program is designed as a means to achieve certain goals. In this case, it is important to develop structured and systematic procedures so that the program can be optimally implemented according to plan. If the program is executed well, the expected results will be more easily achieved. Korten (in his theory) stated that the success of a program is greatly influenced by three main components: the program design itself, the program implementers, and the target community of the program.

Figure 2.1 Program Implementation Suitability Model

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                    ┌──────────────┐
                    │   PROGRAM    │
                    └──────────────┘
                      ↙          ↘
                OUTPUT              TASK
                         NEEDS   COMPETENCE
    ┌──────────────┐                    ┌──────────────┐
    │ UTILIZATION  │ DEMAND   DECISION  │ ORGANIZATION │
    └──────────────┘                    └──────────────┘
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Source: Haedar Akib and Antonius Tarigan (2000:12)

From the figure, the following can be explained:

1) First, there must be relevance between the program implemented and the needs of the beneficiaries, which means how well the content of the program aligns with the needs of the target group that will receive the services or benefits from the program.

2) Second, the connection between the program and the implementing agency, which means how well the tasks specified in the program can be carried out according to the capacity, resources, and capabilities of the organization executing the program.

3) Third, the alignment between the beneficiary group and the implementing organization, which means how well the requirements set by the implementing agency to obtain results from the program align with the abilities or conditions of the target group.

If the results of a program do not meet the needs of the target group, the results become less beneficial. The same applies if the implementing institution lacks the capacity to execute the program, as the program's objectives will be disrupted. Furthermore, if the requirements set by the program implementers are difficult for the target group to meet, they will not receive the benefits from the program. Therefore, it is important to ensure synergy between these three elements so that the program's implementation runs according to the planned design.

B. Previous Research

Lemens, Syahrani, and Apriani (2019) in their research titled "Effectiveness of the Healthy Indonesia Card (KIS) Program in Health Services at the UPT Health Center of Sekolaq Darat Subdistrict, Kutai Barat Regency" concluded that the implementation of the KIS program in this area was quite effective. This is reflected in the optimal use of resources to support healthcare service provision (input aspect), the successful provision of medical service guarantees to the underprivileged community (output aspect), and the increase in the number of patients and the quality of services (outcome aspect). This program also had a positive impact, such as providing access to healthcare services without cost, supporting human resource quality improvements, and raising awareness about the importance of maintaining health. Factors supporting the program's implementation include the adequacy of facilities, medical staff, employee training, and responsiveness of service staff. However, there are still some challenges, such as delays in the distribution of KIS cards, the community's tendency to use traditional medicine, lack of information about the program, and issues with procuring medications and medical equipment.

(Masrina, Arifin, & Fuady, 2021)in their research titled "Distribution of JKN-KIS PBI Data and Information in Cintaratu Village, Pangandaran Regency" stated that community service activities were carried out in Cintaratu Village as an initial step to identify the community's needs, especially related to information on the National Health Insurance–Healthy Indonesia Card (JKN-KIS PBI) program. This study aimed to understand how the community acquires and understands information related to the

JKN-KIS PBI program. The activity lasted for four weeks, using three main approaches: surveys, focus group discussions (FGD), and observation. Findings from this activity indicated that the distribution of information about JKN-KIS PBI in Cintaratu Village has not been open or transparent. Furthermore, the population data used by the central government to determine aid recipients was outdated, leading to assistance being provided to groups that did not truly need it. The local community generally obtained health-related information about the program from local opinion leaders, such as village officials, neighborhood unit (RT/RW) heads, midwives, and health cadres.

A similar study was conducted by (Pertiwi & Nurcahyanto, 2017) titled "Effectiveness of the BPJS Health Program in Semarang City." In their findings, they concluded that the understanding indicators and goal achievement of the BPJS Health program were categorized as effective. The average score for program understanding was 3.06, while for program goals, it was 2.87. For the targeting accuracy and tangible impact of the program, both were rated as highly effective, with average scores of 3.45 and 3.51, respectively. However, the program's socialization indicator showed less effective results with an average score of 1.83. Overall, based on the five indicators analyzed (socialization, understanding, targeting accuracy, goals, and tangible impact), the effectiveness of the BPJS Health program implementation in Semarang City—particularly in the case of BPJS patients at Srondol Health Center—was categorized as effective with an average score of 2.88. The integration of the three main components of program implementation—the program itself, beneficiaries, and implementing organizations—has not been fully optimized, which affected the program's outcomes not meeting expectations. In addition, respondents identified other factors that hinder the effectiveness of BPJS Health program implementation in Semarang City, including insufficient socialization, inadequate service quality, and high contribution costs.

C. Conceptual Framework

Based on the discussion of the literature review, the research conceptual framework can be illustrated as follows:

Figure 2.2 Conceptual Framework
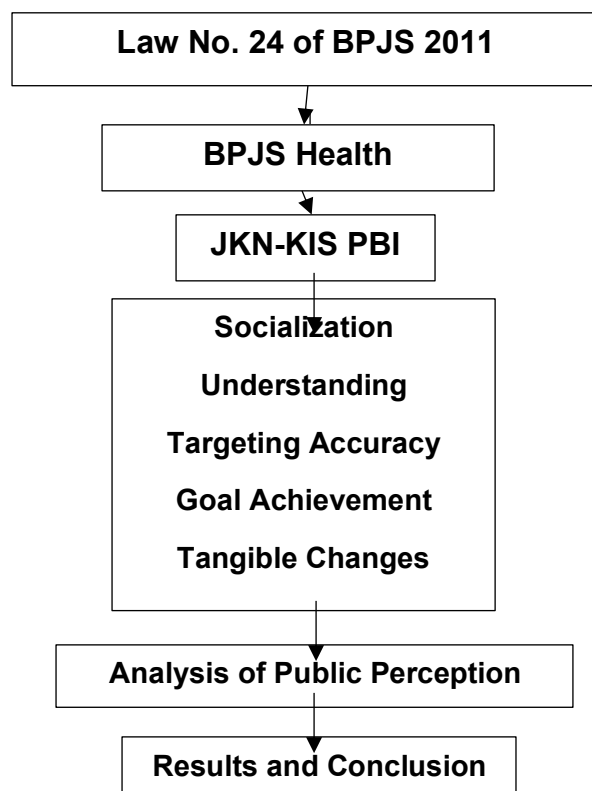
Source: Primary, Year 2025.

The Social Security Organizing Agency (BPJS) Health is a public legal entity established to implement the national health insurance program for all Indonesian citizens, specifically in Mimika Regency. The primary goal of the National Health Insurance (JKN) program is to ensure that the healthcare needs of every individual are met, whether they pay premiums independently or are covered by the government. One scheme in this program is JKN-KIS for Contribution Assistance Recipients (PBI), which is intended for the poor and disadvantaged. This scheme provides health maintenance guarantees and fulfills basic health needs, with all premium costs covered by the government. To assess the effectiveness of the implementation of the JKN-KIS PBI program in Mimika Regency, five main indicators are used: program socialization, the level of community understanding of the program, targeting accuracy, goal achievement, and the tangible changes experienced by the beneficiaries. Through this approach, the effectiveness of the program can be identified, or areas where improvements in implementation are still needed.

3. METHODOLOGY

A. Research Location
The research location is the Mimika Regency General Hospital (RSUD), which is a government health facility implementing the JKN-KIS PBI Program in Mimika Regency, Central Papua Province.

B. Types and Sources of Data
1. Types of Data

The types of data used in this research are as follows:
1) Quantitative data: Data presented in numerical form. The quantitative data in this study include tabulated data on the perceptions of the people in Mimika Regency who use the JKN-KIS PBI Program.
2) Qualitative data: Data presented in non-numerical form. The qualitative data in this research include interview results from the beneficiaries of the JKN-KIS PBI Program in Mimika Regency.

2. Sources of Data
1) Primary Data: Data obtained directly from respondents. The primary data in this study are from the people of Mimika Regency as beneficiaries of the JKN-KIS PBI Program, including data about age, occupation, education, etc.
2) Secondary Data: Data obtained from existing records from various related agencies. The secondary data in this study come from the Social Service Office as the government's extension to implement the JKN-KIS PBI Program.

C. Unit of Analysis
1. Main Unit of Analysis: The beneficiaries of the JKN-KIS PBI Program funded by the APBD (Local Government Budget) in Mimika Regency
2. Research Subjects: The people who are officially registered as participants in the Penerima Bantuan Iuran (PBI) APBD, which is beneficial for healthcare services through health facilities working with BPJS Health in Mimika Regency.
3. Objects Analyzed
4. : The perceptions of the beneficiaries regarding the effectiveness of healthcare services, which include five indicators:
   - Program socialization
   - Understanding of the program
   - Program targeting accuracy
   - Achievement of program goals
   - Tangible changes felt after receiving services

5. Research Location: Mimika Regency, Central Papua

D. Population and Sample
1. Population
    The sample in this study consists of 40,000 people who are beneficiaries of the JKN-KIS PBI program, funded by the local government in Mimika Regency in 2024.
2. Sample
    The respondents in this study are the people of Mimika Regency who are beneficiaries of the JKN-KIS PBI program, specifically those aged 20 years and above, categorized as economically disadvantaged. To determine the sample, the author used the Slovin technique, with the following formula:

$$n = \frac{N}{1 + N(e)^2}$$

Explanation:
n : Sample size
N : Population size
e : Margin of error tolerated

The margin of error in sample determination is set at 10 percent or a 0.1 percent error margin. Using the Slovin technique, the sample size for this research is 100 individuals.

E. Research Instruments
The research instruments are based on the five indicators of program effectiveness, as shown in the following research instrument table.

Table 3.1 Research Instruments

Variable	Definition	Indicators	Measurement
Effectiveness	Refers to how well a specific goal or result can be achieved. It shows the level of success of efforts or activities carried out to realize the desired targets, either by individuals or organizations.	1. Program Socialization	Likert Scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Fairly Satisfied, 4 = Satisfied, 5 = Very Satisfied
		2. Program Understanding	Likert Scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Fairly Satisfied, 4 = Satisfied, 5 = Very Satisfied
		3. Target Accuracy	Likert Scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Fairly Satisfied, 4 = Satisfied, 5 = Very Satisfied
		4. Program Goals	Likert Scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Fairly Satisfied, 4 = Satisfied,

Variable	Definition	Indicators	Measurement
			5 = Very Satisfied
		5. Tangible Changes	Likert Scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Fairly Satisfied, 4 = Satisfied, 5 = Very Satisfied

F. Data Collection Methods

The data used in this study consists of both primary and secondary data obtained through various data collection techniques, including:

1. **Questionnaire**: Distributed to the social service office when issuing recommendation letters, as the social service determines or approves whether an individual is eligible to be registered as a beneficiary of the JKN-KIS PBI Program.
2. **Interviews**: Data is collected through direct meetings with respondents, using a structured interview guide prepared beforehand. This interview aims to obtain relevant information regarding the effectiveness of the implementation of the JKN-KIS PBI Program in Mimika Regency.
3. **Documentation Study**: A data collection technique by reviewing and recording information from written and visual documents available in the relevant agencies. In this research, documentation is used to gather data from the BPJS Office in Mimika, the Social Service Office of Mimika Regency, related to data on BPJS assistance recipients from the APBD of Mimika Regency and BPKAD as the source of the JKN-KIS PBI Program Budget data(Pentury, Himpong, & Londa, 2021) .

G. Analysis Method

To assess the effectiveness of the BPJS Health program in Mimika Regency, the analysis method used in this study is the descriptive quantitative method. This approach is used to describe or explain a phenomenon based on numerical data. In the context of this study on the perceptions of the JKN-KIS PBI program beneficiaries regarding the effectiveness of healthcare services in Mimika, the effectiveness level is measured by using quantitative data (numbers) with the Likert scale (1–5). The average score is then calculated and interpreted in a qualitative scale (very ineffective – very effective).

$$\text{Effectiveness} = \frac{\text{Average Score - 1}}{4} \text{ X 100 \%}$$

According to Budiani (2007), the criteria for measuring the effectiveness of budget spending are as follows:

Table 3.2 Program Effectiveness Measurement Scale

Percentage Measurement	Measurement Criteria
81% - 100%	Very Effective
61% - 80%	Effective
41% - 60%	Fairly Effective
21% - 40%	Ineffective
0% - 21%	Very Ineffective

Source: Budiani, 2007

H. Operational Definitions
1. BPJS Health is a public legal entity established to implement the national health insurance program for all Indonesian citizens, specifically for the people of Mimika Regency.
2. JKN-KIS PBI is health protection that ensures participants receive health maintenance benefits and protection in fulfilling their basic healthcare needs, provided to those whose premiums are paid by the local government of Mimika Regency.
3. Program Socialization refers to the ability of the program implementers to deliver information about the implementation of the JKN-KIS PBI program and ensure that it reaches the people of Mimika Regency.
4. Program Understanding refers to how well the people of Mimika Regency understand the activities of the JKN-KIS PBI program.
5. Target Accuracy refers to how well the participants of the JKN-KIS PBI program align with the target group previously established.
6. Goal Achievement refers to how well the outcomes of the JKN-KIS PBI program implementation match the objectives set by the local government of Mimika Regency.
7. Tangible Changes refer to how the activities of the JKN-KIS PBI program provide real effects or impacts, as well as tangible changes for the community in Mimika Regency.
8. Program Effectiveness refers to the extent to which a specific goal or result has been achieved. It shows the level of success in the efforts or activities carried out to achieve the desired objectives, either by an individual or an organization.

RESEARCH RESULTS AND DISCUSSION

A. Research Results

This research aims to (Triwahyudi, Shidieq, & Trisnantoro, 2021) analyze the perceptions of the beneficiaries of the JKN-KIS PBI Program regarding the effectiveness of healthcare services in Mimika Regency. The population in this study is the participants of the JKN-KIS PBI program in Mimika Regency, with 40,000 participants in 2024. The sample size, determined using the Slovin technique, is 100 individuals who are beneficiaries of the JKN-KIS PBI program, funded by the local government, and use healthcare services at the Mimika Regency General Hospital (RSUD).

Below are the research results presented in tables for each indicator:

1. Program Socialization of JKN-KIS PBI Government Assistance in Mimika Regency
The socialization of the BPJS Health program through JKN-KIS PBI refers to the Social Service's ability to socialize the JKN-KIS PBI program to the people of Mimika Regency so that information about the implementation of the JKN-KIS PBI program is conveyed to the general public and the target participants of the program in Mimika Regency.

Table 5.1
Distribution of Respondents Based on Evaluation of JKN-KIS PBI Program Socialization in Mimika Regency

No	Category	Total			
		Respondents	Points	Total Score	Average
1	Very Satisfied	37	5	185	1,85
2	Satisfied	35	4	140	1,4
3	Fairly Satisfied	14	3	42	0,42
4	Dissatisfied	13	2	26	0,26
5	Very Dissatisfied	1	1	1	0,01
Total Responses		100	15	394	3,94

Source: Primary Data, 2025

Based on the data in Table 5.1, from 100 respondents, the average respondent score is 3.94, indicating that respondents are fairly satisfied with the socialization carried out by the Social Service.

2. Program Understanding of JKN-KIS PBI Government Assistance in Mimika Regency

Program understanding is assessed based on how well the people of Mimika Regency understand the JKN-KIS PBI program activities. In this case, program understanding includes knowledge gained after receiving information, understanding the requirements for participating in the program, knowledge of the referral system, and knowledge of the objectives of the JKN-KIS PBI program.

Table 5.2

Distribution of Respondents Based on Program Understanding of JKN-KIS PBI in Mimika Regency

No	Category	Total			
		Respondents	Points	Total Score	Average
1	Very Satisfied	30	5	150	1,5
2	Satisfied	40	4	160	1,6
3	Fairly Satisfied	23	3	69	0,69
4	Dissatisfied	5	2	10	0,1
5	Very Dissatisfied	2	1	2	0,02
Total Responses		100	15	391	3,91

Source: Primary Data, 2025

Based on Table 5.2, from 100 respondents, the average respondent score is 3.91, indicating that respondents have a fairly good understanding of the JKN-KIS PBI APBD program.

3. Targeting Accuracy of JKN-KIS PBI Government Assistance Program in Mimika Regency

Targeting accuracy is measured based on whether the program has achieved the desired or expected outcomes. This includes the satisfaction level of participants and the participation of all family members.

Table 5.3

Distribution of Respondents Based on Satisfaction of JKN-KIS Program Participants in Mimika Regency

No	Category	Total			
		Respondents	Points	Total Score	Average
1	Very Satisfied	15	5	75	0,75
2	Satisfied	36	4	144	1,44
3	Fairly Satisfied	39	3	117	1,17
4	Dissatisfied	8	2	16	0,16
5	Very Dissatisfied	2	1	2	0,02
Total Responses		100	15	354	3,54

Source: Primary Data, 2025

Based on Table 5.3, from 100 respondents, the average score is 3.54, meaning that respondents are fairly satisfied, indicating that, on average, respondents feel that the JKN-KIS PBI APBD program is fairly well-targeted.

4. JKN-KIS PBI Program Goals in Mimika Regency

The goal of the JKN-KIS PBI program, funded by the local government of Mimika Regency, is to measure the alignment between the program's implementation results and its objectives, which include obtaining health maintenance benefits and protection to meet the basic health needs of the poor in Mimika Regency, with premiums paid by the local government of Mimika(Salsabila, Hadi, Syarif, & Istanti, 2023).

Table 5.4
Distribution of Respondents Based on Achievement of JKN-KIS Program Goals in Mimika Regency

No	Category	Total			
		Respondents	Points	Total Score	Average
1	Very Satisfied	34	5	170	1,7
2	Satisfied	56	4	224	2,24
3	Fairly Satisfied	8	3	24	0,24
4	Dissatisfied	2	2	4	0,04
5	Very Dissatisfied	0	1	0	0
Total Responses		100	15	422	4,22

Source: Primary Data, 2025

Based on Table 5.4, from 100 respondents, the average score is 4.22, indicating that respondents are satisfied with the JKN-KIS PBI APBD program.

5. Tangible Changes

Tangible changes from the program are measured based on how much the JKN-KIS PBI program, funded by the local government of Mimika Regency, has had a real effect or impact

on the community. In this case, tangible changes refer to the healthcare and treatment received by the people of Mimika, with good service at the Mimika Regency General Hospital (RSUD).

Table 5.5
Distribution of Respondents Based on Tangible Changes from the JKN-KIS Program in Mimika Regency

No	Category	Total			
		Respondents	Points	Total Score	Average
1	Very Satisfied	25	5	125	1,25
2	Satisfied	29	4	116	1,16
3	Fairly Satisfied	28	3	84	0,84
4	Dissatisfied	12	2	24	0,24
5	Very Dissatisfied	6	1	6	0,06
Total Responses		100	15	355	3,55

Source: Primary Data, 2025

It is shown that, from 100 respondents, the average respondent score is 3.55, indicating that respondents are fairly satisfied with the tangible changes brought about by the JKN-KIS PBI APBD program.

6. Effectiveness Value Recap
   Based on the tabulated data, the effectiveness value of each indicator is calculated as follows:
   - Summing the points or questionnaire results.
   - Calculating the average score from all indicators.
   - Converting to a percentage, using the Likert scale range from 1 (lowest) to 5 (highest). The range is 5 - 1 = 4 points. The formula is:

$$\text{Percentage} = \frac{x - 1}{5 - 1} \times 100\% = \frac{x - 1}{4} \times 100\% = \ldots.$$

   - Then, determining whether the indicator is effective or ineffective based on the program effectiveness measurement scale.

The results are shown in the following table:

Table 5.6
Data Recap
JKN-KIS Program Funded by the Local Government of Mimika Regency

Indicator	Question	Respondents	Total Points	Average	Percentage
Socialization	How is the JKN-KIS PBI program socialized by the Social Service in general and to the JKN-KIS PBI participants in particular?	100	394	3.94	73.50%
Understanding	Do you understand and know the JKN-KIS PBI program, the government assistance in Mimika Regency?	100	391	3.91	72.75%
Targeting Accuracy	Is the targeting of the JKN-KIS PBI program, which serves the poor in Mimika Regency to meet basic health needs, accurate?	100	354	3.54	63.50%
Goals	The goal of the JKN-KIS PBI program is to maintain health and provide protection in meeting basic health needs for the people of Mimika Regency, with the premiums paid by the local government of Mimika Regency.	100	422	4.22	80.50%
Tangible Changes	Have you received proper care and treatment, as well as good service at the Mimika Regency General Hospital (RSUD)?	100	355	3.55	63.75%

Referring to the effectiveness measurement scale according to Budiani (2007), the results are as follows:

Table 5.7

Effectiveness Scale Results

B. Discussion

Public perception of a service refers to how well the activities conducted achieve the desired goals and provide the expected outcomes. In general, an effective service can be measured by the results achieved through positive public perceptions of the program's outcomes. The discussion is based on research and theory, as well as the questionnaire and interview responses obtained:

Based on the analysis of public perceptions, the effectiveness can be measured using the following indicators:

1. Program Socialization of JKN-KIS PBI Government Assistance in Mimika Regency

The research results, based on the effectiveness value recap of the Socialization Indicator, show that the socialization level of the JKN-KIS PBI program has an average of 74.75%, which is considered effective. Most respondents expressed being very satisfied with the sufficient information regarding the benefits and procedures of this program.

1) Program socialization is an important initial step in conveying information to the public. Most informants stated that socialization of the JKN-KIS PBI program had been conducted since the program's launch at the Mimika General Hospital (RSUD). Information was provided directly

at the registration desk every day, with explanations about the program's benefits, requirements, and the registration process, where the public was asked to first obtain a BPJS recommendation letter from the Social Service. This recommendation is issued by the Social Service based on a letter of incapacity from the village and other supporting documents, which forms the basis for the less fortunate to become eligible participants in the JKN-KIS PBI program. This aligns with the definition of socialization as the program implementer's ability to spread information to enhance public knowledge.

2) The role of the Social Service as the program implementer has been quite optimal in spreading information to the public, especially vulnerable groups such as the economically disadvantaged. According to organizational effectiveness theory, integration or communication is key for the program to be well-received. This is evident from the issuance of e-services by the Social Service in 2024, which helps the community understand the process and obtain information regarding the JKN-KIS PBI APBD program, along with information shared through banner advertisements visible to various segments of society. However, interviews revealed that 13 respondents expressed dissatisfaction and 1 respondent was very dissatisfied, as not all community members received good and accurate information about the JKN-KIS PBI APBD Program, especially those living in remote or coastal areas.

Program Effectiveness Indicator for BPJS Health through JKN-KIS PBI Program Funded by the Local Government of Mimika Regency

No	Category	Program Effectiveness Interpretation		
		Value	Description	
1	Program Socialization	74,75%	Effective	
2	Program Understanding	74,25%	Effective	
3	Program Targeting	64,50%	Effective	
4	Program Goals	80,50%	Very Effective	
5	Tangible Changes	63,75%	Effective	
Average Program Effectiveness		**71,55%**	**Effective**	

Source: Primary Data, 2025

2. Understanding of the JKN-KIS PBI Program Government Assistance in Mimika Regency
The research results, based on the effectiveness value recap of the JKN-KIS PBI Program Indicator, show that the level of understanding of the JKN-KIS PBI program has an average of 74.25%, which is considered effective. Out of 100 respondents, 30 respondents stated they understood very well, and 40 respondents said they understood the JKN-KIS PBI APBD program. Most respondents admitted to understanding the general benefits of the program after receiving socialization, understanding the requirements to participate, the referral system, and access to outpatient and inpatient services. Furthermore, the respondents understood that the JKN-KIS PBI program is a form of government responsibility for the health of the poor and economically disadvantaged.

3. Targeting Accuracy of the JKN-KIS PBI Program Government Assistance in Mimika Regency
The research results, based on the effectiveness value recap of the JKN-KIS PBI Program Indicator, show that the JKN-KIS PBI program has an average effectiveness of 64.5%. The study indicates that the JKN-KIS PBI program has not been perfectly targeted, as this can be seen in the validity of the population data during the health insurance registration process. This aligns with the government's criteria, where the target beneficiaries should be the less privileged (the poor), but ongoing data

adjustments and periodic verifications are necessary to ensure the program's target is accurate and beneficial to the disadvantaged community.

4. Goals of the JKN-KIS PBI Program Government Assistance in Mimika Regency
The research results, based on the effectiveness value recap of the JKN-KIS PBI Program, show that the program has an average effectiveness of 80.5%, which is considered very effective. In this study, respondents agreed that the JKN-KIS PBI program has clear and effective goals. This can be seen from the government assistance, where the benefits of JKN KIS have a direct impact on the health of the underprivileged community, and in terms of goal achievement, the study found that the JKN-KIS PBI program has successfully met most of its main targets, which is providing health guarantees for the less fortunate. This is evident from the increase in access to healthcare services at the Mimika General Hospital (RSUD). However, further improvement in targeting accuracy is needed to ensure real positive changes according to the program's goals.

5. Tangible Changes
The research results, based on the effectiveness value recap with the indicator of Tangible Changes, show that the JKN-KIS PBI program is effective with an average of 63.75%. In this study, respondents expressed satisfaction as significant tangible changes were observed. Analysis results from the research table show that 19 respondents were very satisfied, and 27 respondents were satisfied. From these results, it can be concluded that tangible changes are measured as the direct effects or impacts felt by the community as a result of an activity or program. Some respondents reported significant changes after joining the JKN-KIS PBI program, such as an increase in the frequency of visits to healthcare facilities since the costs are covered, and a reduction in the concern over high medical expenses. They stated that this program has a positive impact on family well-being, for example, no longer postponing treatment due to cost concerns, and children's health being more closely monitored. These tangible changes have been very positive, as evidenced by many disadvantaged individuals being able to undergo inpatient care and surgery, which greatly helps the underprivileged community, ultimately impacting their health. Interviews revealed several tangible changes (reduced cost burden, increased service utilization).

Table 5.5
Distribution of Respondents Based on Tangible Changes from the JKN-KIS Program in Mimika Regency

No	Category	Total			
		Respondents	Points	Total Score	Average
1	Very Satisfied	25	5	125	1,25
2	Satisfied	29	4	116	1,16
3	Fairly Satisfied	28	3	84	0,84
4	Dissatisfied	12	2	24	0,24
5	Very Dissatisfied	6	1	6	0,06
Total Responses		100	15	355	3,55

Source: Primary Data, 2025

It is shown that, from 100 respondents, the average respondent score is 3.55, indicating that respondents are fairly satisfied with the tangible changes brought about by the JKN-KIS PBI APBD program.

7. Effectiveness Value Recap
Based on the tabulated data, the effectiveness value of each indicator is calculated as follows:
- Summing the points or questionnaire results.
- Calculating the average score from all indicators.

- Converting to a percentage, using the Likert scale range from 1 (lowest) to 5 (highest). The range is 5 - 1 = 4 points. The formula is:

$$\text{Percentage} = \frac{x - 1}{5 - 1} \text{ X } 100 \% = \frac{x - 1}{4} \text{ X } 100 \% = \dots$$

- Then, determining whether the indicator is effective or ineffective based on the program effectiveness measurement scale.

The results are shown in the following table:

Table 5.6
Data Recap
JKN-KIS Program Funded by the Local Government of Mimika Regency

Indicator	Question	Respondents	Total Points	Average	Percentage
Socialization	How is the JKN-KIS PBI program socialized by the Social Service in general and to the JKN-KIS PBI participants in particular?	100	394	3.94	73.50%
Understanding	Do you understand and know the JKN-KIS PBI program, the government assistance in Mimika Regency?	100	391	3.91	72.75%
Targeting Accuracy	Is the targeting of the JKN-KIS PBI program, which serves the poor in Mimika Regency to meet basic health needs, accurate?	100	354	3.54	63.50%
Goals	The goal of the JKN-KIS PBI program is to maintain health and provide protection in meeting basic health needs for the people of Mimika Regency, with the premiums paid by the local government of Mimika Regency.	100	422	4.22	80.50%
Tangible Changes	Have you received proper care and treatment, as well as good service at the Mimika Regency General Hospital (RSUD)?	100	355	3.55	63.75%

Referring to the effectiveness measurement scale according to Budiani (2007), the results are as follows:

Table 5.7

Effectiveness Scale Results

Program Effectiveness Indicator for BPJS Health through JKN-KIS PBI Program

Funded by the Local Government of Mimika Regency

No	Category	Program Effectiveness Interpretation		
		Value	Description	
1	Program Socialization	74,75%	Effective	
2	Program Understanding	74,25%	Effective	
3	Program Targeting	64,50%	Effective	
4	Program Goals	80,50%	Very Effective	
5	Tangible Changes	63,75%	Effective	
Average Program Effectiveness		**71,55%**	**Effective**	

Source: Primary Data, 2025

CONCLUSIONS AND SUGGESTIONS

A. Conclusion

Based on the results of the questionnaire recap and interviews, in general, the beneficiaries of the JKN-KIS PBI program in Mimika Regency perceive that healthcare services at the RSUD have shown an increase in effectiveness (Ridiarsih, Nugroho, Ahsani, & Pasaribu, 2024).

1. The program socialization is effective, making the community aware of the government assistance program, which is a form of attention from the local government, thus helping the less fortunate.
2. The basic understanding of the program has been established, making it easier for the community to manage and utilize healthcare services, although the detailed understanding still needs further reinforcement.
3. The targeting accuracy of the program has reached the poor groups, so the government program has effectively helped the community in securing health coverage (Syahadah, Hariyani, Fadila, & Gurning, 2024).
4. The primary goal of the program—financial protection for healthcare services—has largely been achieved.

5. The implementation of JKN-KIS PBI has led to tangible changes, such as guaranteeing healthcare without costs and providing peace of mind for families, in line with the effectiveness definition regarding the program's effects on the community.

B. Suggestions

Based on the analysis results, the following suggestions are made in this research:

1. In conducting program socialization, it is important to consider factors such as the time, place, and the appropriate method of communication so that the people of Mimika Regency can more easily understand and become interested in the JKN-KIS PBI program.

2. The Social Service should conduct socialization services in areas that are difficult to reach.

3. Program understanding should include clear communication of the program's content, goals, and benefits, so that the community can understand and optimally utilize the program to gain the expected benefits.

4. Determining the correct program targeting is essential as it helps the program achieve its goals more effectively. By identifying the right target, the program can be designed and adjusted to the characteristics of the targeted group or individuals, ensuring the benefits are optimally felt.

5. The program goals must be specific, measurable, attainable, realistic, and relevant to the needs and problems it aims to address. By setting clear and measurable goals, the program can be evaluated and improved, achieving optimal results for the target group and the community as a whole.

6. Tangible changes will be evident when the four indicators—program socialization, program understanding, program targeting accuracy, and program goals—have achieved maximum results. Therefore, these four indicators should be carefully monitored to ensure that positive tangible changes are visible.

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