



Evaluation of National Health Insurance Program Policies by Ketapang District Health Social Security Administration Body

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Abstract

This research aims to evaluate the process of implementing the National Health Insurance program policy by the Ketapang District Health Social Security Administering Agency, based on a compliance perspective relating to compliance with implementing agents, implementation of policies and facilities and resources, and based on what happening Perspective, which is related to factors that influence implementation and short-term outcomes. The results of this research show that the Evaluation of the National Health Insurance program policy implementation process by the Ketapang District Health Social Security Administration Agency has yet to be implemented optimally. This can be seen from the following indicators: Compliance perspective, which includes compliance by policy implementing agents, has not been carried out objectively according to regulations and is not by standards and procedures established by policy. Policy implementation National Health Insurance Program by the Ketapang District Health Social Security Administering Agency has not been able to improve the quality of health services in Ketapang Regency, the availability of health facilities and resources has not met the criteria for capitation payment norms, and there is a lack of health workers both in terms of quality and quantity. Meanwhile, the What is Happening Perspective includes factors that influence the implementation of policies, namely the actors involved, clarity of policy objectives, program complexity, support from all units involved, and other factors such as human resources, which include the quality and quantity and weak authority and legitimacy of health workers and short-term results have not been achieved due to contact data on the online application of the Social Security Administering Agency for Health.

Keywords: Evaluation, Policy, Program, National Health Insurance.

Introduction

One of society's essential rights is access to health care, which the government must provide under Article 28, paragraph (1) of the 1945 Constitution. Every individual has the right to be prosperous both materially and spiritually, own a home, live in a pleasant and healthy environment, and access healthcare services. A service is an unseen (untouchable) activity resulting from contacts between customers and staff or from other offerings made by the service provider business to resolve customer issues. Based on Presidential Decree Number 12 of 2013 concerning Health Insurance and Presidential Regulation (Perpres) Number 19 of 2016 on the Second Amendment. Modifications to participants' National Health Insurance contributions who are not wage earners and who are not workers. President Joko Widodo issued the Presidential Decree on 29 February 2016, addressing raising donations for Social Security Administering Body members.

Since it was implemented in January 2014, the implementation of the National Health Insurance policy has been fraught with various problems, including uneven socialization, commitment between management and health service providers and different communities, giving rise to differences in commitment regarding the National Health Insurance mechanism, the existence of capacity gaps between regions (infrastructure readiness), budget database, and human resources). The disparities that occur between areas will have an impact on the implementation of the National Health Insurance program in the future. Based on the Social Health Security Administering Body, it can be concluded that the National Health Insurance program focuses on the principle of managed Care, with four pillars: promotive, preventive, curative, and rehabilitative.

This principle is focused on first-level health facilities such as clinics and doctors' practices, which are the main gateway for Social Security Health Administering Agency participants to access health services. For this reason, the quality of First Level Health Facilities must be improved so that people receive good health services (AIPHSS, 2014). The initial implementation was with capitation norms (pre) and then became capitation based on service commitment (post). The implementation is described as follows: for the initial capitation evaluation, use the capitation amount according to capitation norms for credentialing/re-credentialing results in the first month, then use performance evaluation for the second and third months. A third-month assessment is carried out in the fourth month, and capitation adjustments are made based on the third month's commitment.

The consequence of reducing capitation payments is carried out in the fourth month since the First Level Health Facility implements the service program system and will be adjusted again every 3 (three) months (Health Social Security Administering Agency, 2016). First, Level Health Facilities must demonstrate strong support and dedication to providing quality primary services to gain the public's trust and deliver optimal Care for Social Security Administration participants (Health Social Security Administering Agency, 2016). Based on this idea, research on Program Policy Evaluation by the Ketapang District Body needs to be carried out. Thus, compliance functions to see whether the actions carried out by actors (bureaucracy or other actors) are within the standards and procedures set by policy. The focus of compliance or compliance in policy evaluation is to test whether implementation is by the

plan, with the primary consideration being that a plan must be followed.

Literature Review

Policy Evaluation Concept

Policy evaluation aims to assess whether the objectives of the policies created and implemented have been achieved (Abidin, 2014). However, Evaluation does not only produce a conclusion regarding whether or not a policy has been achieved or a problem has been resolved, but Evaluation also functions as clarification and criticism of the values underlying the policy, assisting in adjustments and problem formulation in the following policy process (Elyta & Sahide, 2021). Based on this description, the primary purpose of public policy evaluation is to determine the level of success or failure of a public policy. After knowing the failure or success in implementing a policy, the following policy objective is to provide policy recommendations in the form of decisions about the future of public policy (Widodo, 2008).

Borus also explained that he believes three policy or program evaluation types exist. First, Process Evaluation is a type of Evaluation that tries to answer the question, how is the program running? Process evaluation is also called formative Evaluation. Second, impact evaluation is a type of Evaluation that answers the question of what a program has done or what consequences have occurred with the existence of a program. Third, impact evaluation is also called summative Evaluation. Strategic analysis seeks to answer how effective the program is in overcoming social problems compared to other programs for the same problem (Kusumanegara, 2010). As can be seen from the previous description, policy assessment has three distinct meanings: Evaluation of the environment surrounding the policy, Evaluation of the policy, and review of the formulation of the policy (Yuwono, 2013).

These three factors influence the policy's success or failure, so "post activity" is used in the Evaluation. However, in this research, the type of Evaluation used is process evaluation or implementation evaluation because researchers want to know how the Jampersal policy based on fulfilling health service commitments works (Martoyo et al., 2020). Process evaluation provides an overview of what is taking place in a program and ensures the existence and accessibility of the physical and structural elements of the program. This Evaluation assesses whether specific elements such as facilities, staff, premises, or services are being developed or provided according to plan (Wibawa, 2006).

Policy Evaluation Concept

In connection with the criteria for the Evaluation of the policy implementation process by the Ketapang District Health Social Security, the activity used is to assess the consequences or impacts of policies from various government programs (Widodo, 2008). The main focus of the Evaluation is directed at the output, results, and impact of implementing the plan. Therefore, transparent and accountable planning must be accompanied by preparing performance indicators for plan implementation, including input, output, and outcome indicators (Dunn, 2003).

Compliance and what is happening must be considered in implementing implementation

evaluation (Kusumanegara, 2010). 1. Compliance Perspective The compliance perspective sees administrative agents and the individuals within them as functional in an administrative hierarchical order. In other words, this Perspective shows superior and subordinate position boundaries within bureaucratic units and bureaucrats (Winarno, 2012).

Implementation evaluation focuses on testing whether implementation is to the plan. The primary consideration is that a plan must be followed to achieve success (Yohanes et al., 2023). This focus is seen as very limited because it only questions how the program has been implemented (Jamaliah & Elyta, 2022). In this Perspective, we answer perspective questions about compliance, namely how obedient the agents and bureaucrats are. If the implementers' compliance level is high, then the implementation can be exemplary and vice versa. It also looks at whether the implementation of policies (programs) has been implemented according to plans or guidelines to achieve success. Then, the compliance perspective also explains the facilities and resources used in implementing a policy and how they are used.

What is Happening? Perspective

The What is Happening Perspective assumes that many factors influence the implementation of a policy or program. Based on these assumptions, the study identifies the factors that influence implementation. Apart from that, evaluating the implementation of the what is happening Perspective is also essential to answer the factors that influence or become obstacles to implementing a policy. The what is happening Perspective can also answer the question of how effective the policy is in achieving its short-range or short-term results. From this explanation, evaluating policy implementation with a what is happening perspective can include short-term results and the factors influencing them (Jones, 2006).

Research Method

Descriptive research will be used to conduct this study. Descriptive research aims to provide a methodical, factual, and accurate description of paintings or photographs that explore many aspects of the topic while focusing on the facts, traits, and connections between the phenomena under investigation. The Ketapang District Health Social Security Administering Body evaluated the National Health Insurance Program's implementation procedure (Moleong, 2010).

Results and Discussion

Compliance perspective

The compliance perspective sees administrative agents and the individuals within them as functional in an administrative hierarchical order. In other words, this Perspective shows superior and subordinate position boundaries within bureaucratic units and bureaucrats. The compliance focus of implementation evaluation is to test whether implementation is by the plan. The primary consideration is that a plan must be followed to achieve success.

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This focus is seen as very limited because it only questions how the program has been implemented. This Perspective tries to answer questions from a compliance perspective, namely, how the agents and bureaucrats comply. If the implementers' compliance level is high, then the implementation can be exemplary and vice versa. It also examines whether the policy (program) has been implemented according to the plan or guideline to achieve success and what facilities and resources are used.

Implementation Agent Compliance

Implementation agent compliance sees administrative agents and the individuals within them as functional in an executive hierarchical order. In other words, this obedience shows the boundaries of superior and subordinate positions in bureaucratic units and bureaucrats (Winarto, 2012). The compliance focus of implementation evaluation is to test whether implementation is by the plan. The primary consideration is that a plan must be followed to achieve success. This focus is seen as very limited because it only questions how the program has been implemented. If the implementers' compliance level is high, then the implementation can be exemplary and vice versa. Apart from that, it also looks at whether the implementation of policies (programs) has been implemented according to plans or guidelines in order to achieve success (Nugroho, 2014).

The success or failure of the evaluation performance of the National Health Insurance Programme policy implementation in Ketapang Regency will be much influenced by the implementing agent's compliance. This is highly likely to occur since the policies were not developed by locals who are well acquainted with the concerns and difficulties they face. However, because the policy will be top-down and executed by its implementers, it is quite possible that the decision-makers will never be aware of, or even be unable to address, the requirements wants, or issues that the locals wish to have resolved (Elyta & Kartikasari, 2021).

As a First Level Health Facility, in carrying out its activities, it must provide opportunities for everyone to utilize these services. The duties and functions of such service institutions are often referred to as objective, namely a situation where an organization (institution) must carry out its duties and functions as regulated. by the rules and regulations of the organization. Compliance with implementing agents with National Health Insurance Program policies is an essential aspect of public health services in Ketapang Regency. This explanation shows the compliance of implementing agents with National Health Insurance Program policies in providing health services to the community.

By these provisions, in carrying out their profession, policy-implementing agents must demonstrate objectivity. However, this objective situation often cannot be carried out by what has been stipulated in these regulations. The inability of a First-Level Facility to realize an objective situation, namely carrying out its duties and functions as determined, can be stated as a subjective situation (Islam et al, 2023). Regarding the compliance of policy-implementing agents in providing health services in Ketapang Regency, from the results of the author's interview with the Ketapang Regency Health Social Security Administering Agency, he provided information regarding the compliance of agents implementing policies that policies are supported by response and understanding from policy implementer.

The more intense the policy implementers are in carrying out their program, the higher the chance of success of the policy in question. However, the lower intensity of the implementation agent's compliance attitude will hinder success (Rahmaniah et al., 2023). Regarding this issue, the tendency for compliance by agents implementing policies to decrease is due to several causes, such as delays in funding and the complicated and changing process (Martoyo et al., 2023).

Based on the results of interviews with the Head of the Ketapang District Health Service, officers will still be given continuous motivation so that the implementers understand their duties and responsibilities as officers without carrying out fictitious activities that will harm them. The following process is complete verification (Haslita et al., 2021).

The Social Security Administering Body will provide health services to people participating in the National Health Insurance program. By the practical guidelines for administering health facility claims for the Health Social Security Administering Agency. The Health Social Security Administering Agency is obliged to pay health facilities for services provided to participants no later than 15 working days after the complete claim documents are received at the Branch Office/Regency/City operational office of the Organizing Body Social Security Health.

This provision applies to first-level health facilities. Pratama Clinics and Independent Practice Doctors (Family): The funds can be received immediately if the claim is complete. This is to the statement of the informant, namely the Service Staff of the Ketapang Regency Social Security Health Administering Agency, who stated that Funds go directly from the Social Security Administering Agency to the people participating in the National Health Insurance program, some of whom have left, some have not. The funds go to the Health Service and the department's treasury, which takes quite a long time (Fathun & Elyta, 2023).

After the funds have been deposited into the official treasury, they will be disbursed by the provisions for using health services. You can get funds directly from the Social Security Administering Agency without intermediaries, but after the conditions have been met as determined by the Social Security Administering Agency for Health. As for funds, they are usually given directly by the Social Security Administering Agency according to the specified date, but sometimes the Social Security Administering Agency is late in distributing them (Wahab, 2015). Responding to this statement, monitoring and Evaluation activities are essential to carry out as material for evaluating policies in a program. The National Health Insurance Program has been running well and in a targeted manner.

Likewise, the implementation of the National Health Insurance Program policy, tiered coordination, is carried out in the monitoring process (Darmawin, 2017). Monitoring is always carried out. Evaluation monitoring is done through verification from the Health Social Security Administering Agency. Monitoring Evaluation is carried out once every three months. Monitoring through verification: If there is a notification, it can be via email by looking at the completeness of the Social Security Health Administering Body's claim data.

There is no rhythm according to needs if something needs to be coordinated, and sometimes meetings with collaborating hospitals (Subarsono, 2012). Based on this explanation,

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evaluation monitoring aims to obtain feedback from ongoing policy needs to determine any discrepancies between planning and targets. By knowing the needs for policy implementation, adjustments can be made to the benefits of this feedback. The gaps that constitute this need may include costs, time, tools, and so on (Elyta et al., 2023).

Policy Implementation

Implementing capitation funds for the National Health Insurance program in Ketapang Regency begins with preparing the Health Service Budget Implementation Document, which contains the capitation income and expenditure. The process of spending capitation funds must comply with applicable laws and regulations (Elyta & Razaq, 2019). There are human resources in First Level Health Facilities who need more time to be ready to carry it out due to the perception that it will increase the workload of First Level Health Facilities (Kuhuparuw et al., 2023).

The following information was obtained from interviews with the Head of Service at Ketapang District Health: the Joint Circular Letter between the Health Social Security Organising Agency Number HK.03.03/IV/053/2016 and Number 01 of 2016 and the Minister of Health's regulation No. 71 of 2013 are cited in the implementation of the National Health Insurance Programme policy. The existence of this policy can be used as a guideline and reference for the Health Service, Health Social Security Administering Agency, and First Level Health Facilities, Hospitals, and) in carrying out health services. It can be a means of monitoring and Evaluation to improve its implementation (Elyta et al., 2023).

This statement suggests that the policy is being implemented in Ketapang Regency to raise the standard of public health services, bolster the gatekeeping role, and ultimately aim to improve the effectiveness and affordability of health care. It can serve as a reference or guide for all parties involved in its implementation, provided policies are in place. The Social Security Administering Body and the regulator must work together to implement the current policies (Rahma, 2015).

What is Happening Perspective

The What is Happening Perspective assumes that many factors influence the implementation of a policy or program. Based on these assumptions, the study focuses on finding and making specifications for the factors influencing implementation. Good performance and impact are forms of successful policy implementation. A program's or policy's effectiveness is also evaluated from the perspectives of the results and the implementation process.

From a process standpoint, a government program is considered successful if its execution complies with the guidelines and directives provided by the program creator, which encompass, but are not limited to, the implementation strategy, implementing agent, target audience, and program benefits.

Meanwhile, if a program has the intended impact, it can be deemed successful from the results standpoint. Programs can be successful from a procedural standpoint but cannot have

the desired effect, or vice versa. Short-term outcomes and the variables influencing them might be considered when evaluating policy implementation from a what is happening perspective (Rina, 2016).

Factors Influencing Implementation

Many actors involved

Implementing policies may impact the accomplishment of policy objectives or outcomes. The role of the implementer in a program is referred to as "the actors involved in the implementation of the National Health Insurance Service Programme Policy in Ketapang Regency." When each implementor's responsibilities are outlined in the regulations, the principal director, the secretary general of the Indonesian Ministry of Health, issues a directive, No. HK.02.05./III/SK/089/2016, Number 3 of 2016, on implementing payments for service programs at first-level health facilities. Depending on their specialties and areas of operation, agencies each have different responsibilities.

What will be observed in this study, though, is how the implementers perform their roles and responsibilities. A Joint Circular between the Ministry of Health of the Republic of Indonesia and the Health Social Security Administering Body Number HK.03.03/IV/053/2016 and Number 01 of 2016 concerning Service Programmes serves as the foundation for the policy governing the implementation of service programs in Ketapang Regency. The Ketapang District Health Service has presented the policy for implementing the service program (Sudijono, 2011).

Clarity of Policy Objectives

HK.03.03/IV/053/2016 and Number 1 of 2016 concerning Implementation and Monitoring of Service Commitment-Based Capitation Implementation are the guidelines that the Ketapang Regency is implementing in order to improve the efficiency and effectiveness of health service delivery. These findings are based on interviews conducted with the Head of the Ketapang District Health Service.

The community participating in the National Health Insurance program expressed the same thing, saying that they were pleased with how it was implemented in Ketapang Regency. This allowed the community to receive primary services related to. In addition to lacking funding or budget assistance, employees frequently need more awareness due to a lack of socialization with the policy's provisions (Sugiyono, 2014).

Due to a lack of socialization, that of employee understanding regarding the National Health Insurance program. Besides that, there needs to be more financial or budget support. For this reason, it is essential to have high support and commitment from all components involved in health services to the National Health Insurance participating community in order to provide quality primary services so that it becomes a trusted health facility and provides the best service for participants (Health Social Security Administering Agency, 2016).

Program Development and Complexity

Program complexity is seen from the level of complexity of the program rules in question.

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The dynamics of the implementation instructions created will influence whether the program is implemented successfully or not. In terms of indicators of development and program complexity, researchers want to see to what extent the government is preparing the Implementation of the National Health Insurance Service Program Policy in Ketapang Regency regarding the completeness, such as the existence of SOPs (standard operating procedures), implementation instructions, and technical instructions related to the implementation of the policy.

According to the guidelines outlined in the Regulation No. HK.02.05./III/SK/089/2016, Number 3 of 2016 of the Secretary General of the Indonesian Ministry of Health and the Main Director of the Health Social Security Administering Agency regarding Technical Instructions for Implementing Payments for Service Programs which is implemented concurrently in all. According to the findings of the officer interviews, there was dedication, drive, authority, and legitimacy from all sectors to support the successful execution of the service program policy.

Although most of it is still relatively minor, Ketapang Regency's implementation of the is also quite important. As seen by the program's still-low fulfillment indicators, stakeholders, leaders, and activity implementers must demonstrate a solid commitment to ensure the program's successful implementation. In response to this assertion, it is demonstrated that the intricate and well-designed programs implemented by public sector bureaucracies guarantee, beyond any doubt, the efficiency and compliance of the health service delivery process with relevant legislation.

Support for all units involved

Support for all government units involved is the participation of all actors in implementing the program. The amount of public support for the acceptance of a program has a significant positive impact on the development process. Implementation of the National Health Insurance service program policy in Ketapang Regency. Public support that follows specific cycles gives rise to certain difficulties. In essence, public support in creating a successful implementation of a policy requires support from the government. Government support is very influential in the implementation of the Health Insurance service program policy in Ketapang Regency because what the government responds to will determine whether the policy is successfully implemented or not (Health Social Security Administering Agency, 2014)

Based on research that researchers have conducted, researchers found that implementers are very supportive of the implementation of the Health Insurance service program policy in Ketapang Regency; this can be proven based on the results of interviews with Service Staff Health Social Security Administering Agency Ketapang Regency which states that: the service staff of the Social Security Administering Agency are very supportive of service program policy in Ketapang Regency because the policy is very compatible with demands for compliance with the continuity of the National Health Insurance program, which has been regulated in Law Number 24 of 2011.

These regulations legally imply compliance with the behavior of every individual and

organization involved in the national health insurance service program policy so that there is a strengthening of the role of public health officials and individual health efforts in primary Care (Dwiyanto, 2008). From this statement, the service staff of the Social Security Administering Agency seem to like the existence of the various new activities that exist, which support the implementation program policy in Ketapang Regency. Apart from evidence of support from the government and target groups for the National Health Insurance program, it can be seen that the National Health Insurance service program policies in Ketapang Regency are still being implemented today.

The support provided by the government includes providing assistance in the form of funds and infrastructure, as well as creating guidelines for implementation. In its implementation, the government issued program implementation guidelines through the Regulation of the Secretary General of the Indonesian Ministry of Health and the Main Director of the Health Social Security Administering Agency No. HK.02.05./III/SK/089/2016, Number 3 of 2016 concerning Technical Instructions for Implementing Payments. In the Regulation, the main tasks and functions of each implementer and the objectives are explained.

Apart from support in the form of program implementation instructions, support from the government can assist with facilities and infrastructure, funds, and moral support. In the implementation program policy in Ketapang Regency, the government assists with a form of social protection to ensure that everyone can fulfill their basic needs for a decent life in the health sector. The following are the results of the researcher's interview with the Head of the Ketapang District Health Service, stating program policy in Ketapang Regency. The Ketapang Regency government, through the Health Service, apart from providing moral support, also provides support in the form of services, namely health service providers in hospitals. This statement shows both moral and service support in implementation in Ketapang Regency. Its essence is provided to everyone who has paid or had their fees paid by the government (Robbi et al., 2024).

Conclusion

Several conclusions can be drawn based on the description of the research results presented in the previous chapter. The Evaluation of implementing the National Health Insurance program policy by the Ketapang District Health Social Security Administration Agency has yet to be implemented optimally. This can be seen from the following indicators:

1. Compliance Perspective

- a. Implementing agent compliance: The National Health Insurance Program policy in providing health services to the community in Ketapang Regency has been implemented, but in reality, its implementation cannot be carried out objectively according to regulations and does not follow standards and procedures established by policy.
- b. Implementation of the National Health Insurance Program policy has not been able to

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improve the quality of health services in Indonesia First Level Health Facilities in Ketapang Regency because the role of the Community Health Center, as a gatekeeper (Gate Keeper), has not been able to implement policies efficiently and effectively, such as inadequate financial support or budget for health services and a lack of employee understanding regarding the National Health Insurance program.

- c. The availability of Puskesmas facilities and resources as First Level Health Facilities in Ketapang Regency needs to meet the capitation payment norms and a lack of community health center staff in quality and quantity. So, the health services provided by First Level Health Facilities still have obstacles, such as the availability of computers/laptops, internet networks, medical equipment, and medicines that support the treatment of non-specialist diseases.

2. What is Happening Perspective

- a. Factors that influence policy implementation are the actors involved, namely the government and bureaucrats, but also involve actors outside the government, such as non-governmental organizations, which are mentioned as interested parties. Clarity of policy content will make it easier for implementers to understand and turn the policy into action. The program's complexity is seen from the existence of (standard operating procedures), implementation instructions, and technical instructions related to implementing the policy. Implementers strongly support the implementation of the National Health Insurance program.
- b. Short-term results have yet to be achieved due to contact data on the online application of the Social Security Administering Agency for Health because there are still limited numbers of human resources. Hence, the Social Security Administering Agency for Health online application sometimes experiences obstacles, such as interference in accessing the online application of the Social Security Administering Agency for Health, which will undoubtedly hinder the performance of First Level Health Facility administration officers in inputting contact data.

Suggestions

1. Compliance Perspective

- a. For implementing agents to comply with the implementation of national health insurance program policies, it needs to be supported by the response and understanding of policy implementers at community health centers. The more intense policy implementers are in implementing their programs, the higher the chance of compliance with national health insurance program policies.
- b. In order for the implementation of the National Health Insurance program policy in Ketapang Regency to run according to expectations, its implementation needs to refer to the Joint Circular Letter between the Ministry of Health of the Republic of Indonesia and the Health Social Security Organizing Agency Number HK.03.03/IV/053/2016 and

Number 01 of 2016. This policy can be used as a guideline and reference for the Health Service, Health and Social Security Administering Agency First Level Health Facilities in Ketapang Regency in implementing the fulfillment of health services through the National Health Insurance program. It can be a means of monitoring and Evaluation to improve its implementation.

- c. For facilities and resources to support the implementation of Program policies, it is necessary to analyze the needs for facilities and human resources by the workload of each First Level Health Facility in Ketapang Regency, including the availability of general practitioners based on calculations by the Health Social Security Administering Agency. There is a need for a structured activity recording or documentation system and strategic planning to integrate activities to achieve indicators and to be able to optimize the use of health facilities, especially transportation facilities, so that promotive and preventive activities can run optimally.
2. What is Happening Perspective
- a. For factors to influence the implementation of the National Health Insurance Program policy, it is necessary to have the skills of the actors involved, who have the expertise and ability to carry out tasks and functions; there must be clarity in objectives, especially the content of policies. The implementation instructions created will influence whether or not the program is implemented successfully in overcoming the complexity of the National Health Insurance program. The support provided by the government includes providing assistance in the form of funds and infrastructure, as well as creating guidelines for implementing the National Health Insurance program.
 - b. For short-term results to be achieved, it is necessary to record contacts by adding a function for monitoring participants who come into contact with First Level Health Facilities in Ketapang Regency so that First Level Health Facilities can reach these participants to be given promotions. First, Level Health Facilities must immediately report to the Social Security Administering Agency for HealthKetapang Regency. If interference is found in data input, performance is maintained. Besides that, First Level Health FacilitiesIt should also prepare the availability of human resources for more promotive and preventive activities, such as health instructors, home visit officers, and healthy exercise instructors. Health instructors and home visit officers significantly improve this First Level Health with registered participants.

References

- Antir, A., Elyta, E., & Saherimiko, S. (2024). Martin Rantan-Farhan Political Communication In The Regional Head Election In Ketapang District, West Kalimantan Province 2020. *International Journal of Education, Vocational and Social Science*, 3(01), 179-201.
- Abidin, Zainal Said. (2014). *Kebijakan Publik*. Jakarta: Yayasan Pancur Siwah.

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- AIPHSS. 2014. “Mengembalikan Fungsi Fasilitas Kesehatan Tingkat Pertama (FKTP)”. [https://aiphss.org/restoringthe-function-of-Fasilitas Kesehatan Tingkat Pertama \(FKTP\)](https://aiphss.org/restoringthe-function-of-Fasilitas-Kesehatan-Tingkat-Pertama-(FKTP)). Diakses Tanggal 27 Maret 2017.
- Darmawin, 2017, Evaluasi Program Jaminan Persalinan (Jampersal) di Fasilitas Kesehatan Tingkat Pertama (FKTP) Pelitakan Kabupaten Polewali Mandar.
- Dunn, William N, 2003. Pengantar Analisis Kebijakan Publik. Yogyakarta: UGM Press.
- Dwiyanto Agus, 2008, Reformasi Birokrasi Publik Di Indonesia, Pusat Studi Kependudukan dan Kebijakan (PSKK), Yogyakarta: UGM.
- Elyta, Ahmad, M. Z., Jamaliah, Mujiono, D. I. K., Islam, R., & Daud, R. (2023). Impacts of the COVID-19 pandemic on export commodity trading [Special issue]. *Journal of Governance & Regulation*, 12(3), 274–284. <https://doi.org/10.22495/jgrv12i3siart9>
- Elyta, E., & Razak, A. (2019). The role of weavers woman in strengthening nationalism case study in sajingan besar frontier, Indonesia. *Sosiohumaniora*, 21(1), 40-45.
- Elyta, E., & Kartikasari, W. (2021). Strengthening the Border Tourism in Sambas District of West Kalimantan Indonesia in the Covid-19 Pandemic: A Political Boundaries Perspective. In 4th International Conference on Sustainable Innovation 2020–Social, Humanity, and Education (ICoSIHESS 2020) (pp. 192-202). Atlantis Press.
- Elyta, E., Olifiani, L. P., Afhiani, S. N., & Usmulyadi, S. (2023). UTILIZATION OF BIG DATA ON ELECTION POLITICS INDONESIA IN INDUSTRY 4.0. *JWP (Jurnal Wacana Politik)*, 8(2).
- Elyta, E., & Sahide, A. (2021). model of creative industry management in border areas to improve bilateral cooperation In Indonesia and Malaysia. *Cogent Social Sciences*, 7(1). <https://doi.org/10.1080/23311886.2021.1974670>
- Fathun, F., & Elyta, E. (2023). From Shadows to Spotlight: Analyzing Protodiplomatic Strategies in The 2022 Russia-Ukraine Crisis. *Jurnal Keamanan Nasional*, 9(2), 351-372.
- Haslita, R., Samin, R., Kurnianingsih, F., Okparizan, O., Subiyakto, R., Elyta, R., ... & Ardiansya, A. (2021). Implementasi Kebijakan pada Kesetaraan Gender dalam Bidang Pendidikan. *Takzim: Jurnal Pengabdian Masyarakat*, 1(1), 81-86.
- Health Social Security Administering Agency. (2014). Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan. Diakses melalui <https://peraturan.bpk.go.id/Details/215852/peraturan-bpjs-kesehatan-no-1-tahun-2014>
- Health Social Security Administering Agency. (2016). Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan. Diakses melalui <https://peraturan.go.id/files/bn939-2016.pdf>
- Islam R., Herlan, Elyta, Daud, R., Fakhrorazi, A., & Sultana, S. (2023). Analysis of the impact of COVID-19 on the global political economy. *Corporate & Business Strategy Review*, 4(3), 127–138. <https://doi.org/10.22495/cbsrv4i3art13>
- Jamaliah, J., & Elyta, E. (2022). The Effect of Human Development Index (HDI) on Poverty and Crime in West Kalimantan, Indonesia. *Khazanah Sosial*, 4(1), 119-130.
- Jones, O. Charles. 2006. Pengantar Kebijakan Publik. Jakarta: Remaja Grafindo Persada
- Kuhparuw, V. J., Afhiani, S. N., & Elyta, E. (2023). Model of Human Resource Management

Based on Strengthening The Role of Women in Economics and Politics. *Asian Journal of Management, Entrepreneurship and Social Science*, 3(02), 161-174.

- Kusumanegara, Solahuddin. (2010). *Model dan Aktor dalam Proses Kebijakan Publik*. Yogyakarta: Penerbit Gava Media.
- Martoyo, M., Herlan, H., Sukamto, S., Sikwan, A., Elyta, E., & Al Vayed, D. (2023). JUSTIFIKASI KEBIJAKAN PEMERINTAH KOTA PONTIANAK DALAM MEMBERIKAN PELUANG PEKERJAAN BAGI PENYANDANG DISABILITAS. *Jurnal Ilmu Sosial Dan Ilmu Politik (JISIP)*, 12(3), 283-293.
- Martoyo, M., Elyta, E., Herlan, H., & Arifin, A. (2020). Economic development and sustainable human resources by supply chain management in government towards in west kalimantan Indonesia. *International Journal of Supply Chain Management*, 9(2), 1054-1063.
- Moleong, Lexy J. (2010), *Metode Penelitian Kualitatif*, Bandung: RemajaRosdakarya.
- Nugroho, D Riant. (2014). *Kebijakan Publik, Formulasi, Implementasi dan Evaluasi*. Jakarta: Gramedia.
- Rahma, A. (2015). Implementasi Fungsi Pokok Pelayanan Primer Fasilitas Kesehatan Tingkat Pertama (FKTP) Sebagai Gatekeeper dalam Program JKN (Studi Fasilitas Kesehatan Tingkat Pertama (FKTP) Juwana Kabupaten Pati)" *Jurnal Kesehatan Masyarakat (e-Journal)* (Online).<https://e-journal-sl.undip.ac.id>. Diakses Tanggal 7 Januari 2018.
- Rahmaniah, S. E., Elyta, E., Amutahar, H., Niko, N., Fitriani, N. A., Hasni, M. M., & Sari, D. (2023). Unveiling Sex Addiction Among Child Victims of Sexual Crimes In Indonesia. *Asian Journal of Management, Entrepreneurship and Social Science*, 3(04), 1330-1349.
- Rina Yati. (2016), *Evaluasi Pelaksanaan Program Jaminan Persalinan (Jampersal) Oleh Bidan Di Kabupaten Batang*
- Robbi, R., Putra, W., Elyta, E., & Mahdi, I. (2024). The Influence Of Services, Tax Sanctions, Participation Strategies, And The Role Of Religion On Regional Taxpayer Compliance. *International Journal of Business and Quality Research*, 2(01), 39-61.
- Subarsono, (2012), *Analisis Kebijakan Publik, Teori, Konsep dan Aplikasi*. Yogyakarta: Pustaka Pelajar.
- Sudijono. (2011). *Pengantar Evaluasi pendidikan*. Jakarta: PT. Raja Grafindo Persada.
- Sugiyono. (2014). *Metode Penelitian Kuantitatif, Kualitatif, dan Kombinasi (Mixed. Methods)*. Bandung: Alfabeta.
- Wahab, Solichin Abdul. (2015). *Analisis Kebijaksanaan: Dari Formulasi keImplementasi Kebijaksanaan Negara*. Jakarta: Bumi Aksara.
- Wibawa, Samodra. (2006). *Evaluasi Kebijakan Publik*: Jakarta: PT. RajaGrafindo Persada.
- Widodo, Joko. (2008). *Analisis Kebijakan Publik Konsep dan Aplikasi Analisis Proses Kebijakan Publik*. Malang: Bayumedia Publishing.
- Winarno, Budi, 2012, *Teori Kebijaksanaan Publik*, Yogyakarta: Pusat AntarUniversitas Studi Sosial UGM.
- Yohanes, Y., Al Qadrie, S. R. F., Elyta, E., Olifiani, L. P., & Kurniawan, C. (2023). E-Service

Evaluation of National Health Insurance Program Policies by Ketapang District Health Social Security Administration Body

in government sector: To what extent has NTB. care affected as a smart citizen reporting site for raising government performance. In E3S Web of Conferences (Vol. 440, p. 04010). EDP Sciences.

Yuwono, Teguh, (2013), Kebijakan Publik. Konsep & Strategi. Semarang:Undip.