

Government Performance Analysis Through Health Services for Low Income Mindle Track Kartu Indonesia Sehat (KIS) in South Binjai District

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Abstract

Government performance in delivering public services has long been a central concern, particularly in the health sector, which directly affects people's well-being. Within the framework of Program Jaminan Kesehatan Nasional (JKN), providing accessible and high-quality healthcare services for Kartu Indonesia Sehat (KIS) holders serves as an important indicator of the effectiveness of government social policies. This study aims to analyze government performance in providing healthcare services to low-income KIS beneficiaries in South Binjai District. A descriptive qualitative approach is employed to explore social realities in depth. Primary data are gathered through open-ended questionnaires distributed to low-income KIS users. The collected data are analyzed to yield empirical insights into community experiences, perceptions, and evaluations of the healthcare service quality they received.

Keywords: Government Performance, Health Services, Indonesia Health Card, Low-Income Communities, South Binjai

I. INTRODUCTION

Health services are a fundamental pillar in enhancing the collective quality of life within a society. As the primary public service provider, the government is mandated to ensure that all citizens particularly low-income groups possess adequate access to healthcare. However, in practice, economically disadvantaged communities frequently encounter systemic barriers, including financial constraints, information asymmetry, and geographical disparities. Pratiwi (2019) highlights that poverty is intrinsically linked to limited healthcare access, driven by a nexus of economic, educational, and social constraints.

To mitigate these challenges, the Indonesian government launched the National Health Insurance Program (JKN), manifested through the Indonesia Health Card (KIS). This initiative is designed to guarantee healthcare financing while ensuring equitable, affordable, and accessible services rooted in social justice principles. The efficacy of the KIS program, however, transcends central regulation; it is heavily dependent on the performance of local governments in regional execution.

South Binjai District serves as a critical case study due to its significant low-income population and the rising utilization of healthcare services by KIS beneficiaries. While increased utilization signals improved access, it simultaneously invites scrutiny regarding service quality, local government accountability, and the capacity of regional healthcare facilities to meet

escalating public needs. Despite the program's reach, issues such as prolonged waiting times, staff attitudes, medicinal availability, and administrative complexity persist. Ananda (2023) notes that healthcare quality in many regions remains suboptimal, specifically regarding staff competence and professional conduct, necessitating a rigorous evaluation of public health service delivery.

II. METHODOLOGY

This study employs a qualitative research design with a descriptive approach, aiming to describe and gain an in-depth understanding of healthcare services provided to communities using the Kartu Indonesia Sehat (KIS). The research was conducted in South Binjai District, with a focus on the experiences, perceptions, and evaluations of community members in receiving healthcare services through the KIS program. The data used in this study consist of primary data obtained directly from KIS beneficiaries who have accessed healthcare services in South Binjai District. A total of 50 informants participated in the study, all of whom are residents who own and actively use the Kartu Indonesia Sehat (KIS). The informants were selected using a total sampling technique, whereby all respondents who met the research criteria were included as sources of information. Data collection was carried out using questionnaires containing open-ended questions, allowing informants to express their opinions, experiences, and assessments of the healthcare services they received in a descriptive manner. The questionnaire focused on key aspects of healthcare service delivery, including service procedures, waiting time, service costs, staff competence and attitudes, as well as healthcare facilities and infrastructure.

Table 1. Characteristics of Respondents (N=50)

Characteristics	Number	Percentage
Gender		
Male	22	44%
Female	28	56%
Age		
18-30 Years	15	30%
31-45 Years	21	42%
>45 Years	14	28%

The research questionnaire was designed to assess respondents' perceptions of public service performance and healthcare service quality, covering elements such as service systems, mechanisms and procedures based on government-established standards, waiting time, complaint handling, and the adequacy of facilities provided. Responses were measured using a Likert scale to capture respondents' attitudes, opinions, and perceptions of the healthcare services they received. On the Likert scale, respondents were asked to indicate their level of agreement with each statement by selecting one of the available response options. Data analysis in this community healthcare service survey refers to the regulatory framework of the 1945 Constitution of the Republic of Indonesia (UUD 1945), particularly Article 28H paragraph (1), which affirms every citizen's right to access quality healthcare services. In addition, this study is grounded in Law No. 25 of 2009 on Public Services, which mandates the state to serve citizens and residents in fulfilling basic rights, building public trust, and ensuring the quality of public services. This approach represents an effort to continuously improve public service quality through systematic evaluation of healthcare services provided to Indonesia Health Card (KIS) beneficiaries.

A. Public Service Performance Theory

Public service performance is a multidimensional construct that reflects the achievement level of government agencies in meeting their objectives and societal needs (Boyne, 2003). Theoretically, performance is assessed through indicators of effectiveness, efficiency, responsiveness, and accountability (Dwiyanto, 2017). In the context of healthcare services in South Binjai District, performance represents the extent to which healthcare facilities implement medical and administrative procedures in accordance with Minimum Service Standards (SPM). This ensures that Kartu

Indonesia Sehat (KIS) beneficiaries receive legal certainty and safety during their treatment process.

B. Healthcare Accessibility and Affordability

Accessibility is a pivotal dimension of quality that measures how easily the community can reach and utilize services physically, administratively, and financially. Within the JKN-KIS program, financial accessibility stands as the most successful indicator, categorized as "Very Good" for effectively eliminating economic barriers for low-income populations (Thabraney, 2014). Nevertheless, accessibility also encompasses efficiency in waiting times and the ease of the referral system, which are theoretical keys to determining the overall productivity of regional healthcare services (Andersen, 1995).

C. Service Quality and Public Satisfaction

Public satisfaction serves as the ultimate indicator of government performance in the health sector. Theoretically, satisfaction is achieved when the quality of service delivery such as staff responsiveness and promptness aligns with or exceeds public expectations. Consequently, addressing the dimensions currently rated as "Moderate," specifically waiting times and staff attitudes, is crucial to strengthening public trust in the KIS program and fostering a positive perception of local government performance (Van Ryzin, 2004).

III. RESULTS AND DISCUSSION

The results of the study indicate that government performance in delivering healthcare services to low-income communities using the Indonesia Kartu Indonesia Sehat (KIS) in South Binjai District can be categorized as moderately good, particularly in terms of reducing the financial burden of medical expenses. The JKN-KIS program has proven to operate in accordance with the mandate of Law No. 40 of 2004 on the National Social Security System by reducing financial barriers that hinder low-income communities from accessing healthcare services. However, the findings also reveal several significant challenges, including long waiting times, less friendly attitudes among healthcare staff, and inconsistencies in service quality during certain periods. These conditions suggest that improvements in access through the KIS program have not yet been fully accompanied by corresponding improvements in the quality of public healthcare services at health facilities.

These findings are consistent with public service and healthcare quality theories, which emphasize that service quality is determined not only by technical aspects but also by non-technical factors such as staff behavior, service speed, communication, and the ability to handle public complaints effectively. Regulatory support, including Law No. 25 of 2009 on Public Services and Ministry of Administrative and Bureaucratic Reform Regulation No. 14 of 2017, further affirms that all public service units are required to

provide services that are fast, responsive, non-discriminatory, and compliant with established standards. Previous studies, such as those conducted by Ananda et al. (2023), Engkus (2019), and Pratiwi (2019), reinforce the conclusion that non-technical barriers such as procedural clarity, staff attitudes, and facility comfort are dominant factors influencing public satisfaction.

Table 2. Average Assessment of Healthcare Service Performance

No	Service Indicators	Average Score	Category
1.	Service Procedures	3,8	Good
2.	Waiting Time	3,2	Moderate
3.	Service Costs	4,5	Very Good
4.	Staff Competence	3,7	Good
5.	Staff Attitudes	3,3	Moderate
6.	Facilities & Infrastructure	3,6	Good

Overall, this study supports the hypothesis that good healthcare service quality characterized by clear service procedures, effective service delivery, professional staff attitudes, and adequate facilities and infrastructure contributes to more positive public perceptions of government performance in the implementation of the KIS program.

Table 3. Level of Satisfaction of KIS Users

NO	Satisfaction Indicators	Average Score	Category
1	Service Satisfaction	3,7	Good
2	Treatment Comfort	3,6	Good
3	Public Trust	3,8	Good
	Overall Average	3,7	Good

IV. CONCLUSION

The findings of this study demonstrate that local government performance in providing healthcare services through the Kartu Indonesia Sehat (KIS) program in South Binjai District is generally on the right track, particularly regarding financial protection for low-income families. The JKN-KIS initiative has successfully met the objectives of Law No. 40 of 2004 by removing the economic barriers that once prevented vulnerable groups from seeking medical care. However, the data also highlights a

clear disconnect between financial accessibility and the actual quality of care received. Issues such as excessive wait times, a lack of responsiveness from staff, and inconsistent service standards remain the primary obstacles to achieving high public satisfaction. Ultimately, this confirms that public perception of government performance is not solely based on medical outcomes, but is heavily influenced by "human" factors, including staff behavior, operational efficiency, and the overall comfort of the facilities.

V. RECOMMENDATIONS

Based on these results, it is recommended that the local government and healthcare providers in South Binjai prioritize the transformation of human resources through ongoing training in service excellence and professional ethics. This is vital to ensure that frontline staff possess the empathy and communication skills needed to serve disadvantaged communities effectively. Additionally, healthcare facilities must reorganize their operational management specifically by adopting digital queueing systems and optimizing workload distribution to significantly reduce patient waiting times. From a systemic perspective, stricter oversight of service standards should be paired with the revitalization of basic infrastructure to improve the patient experience. Finally, integrating the KIS program with broader community education efforts is essential to align public expectations with service procedures, ensuring a healthcare ecosystem that is not only financially inclusive but also high-quality and equitable.

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