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ARTICLE

EFFECTIVENESS OF THE FREE HEALTHCARE SERVICE POLICY IN IMPROVING ACCESSIBILITY TO PRIMARY HEALTH SERVICES IN GIANYAR REGENCY

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Abstract

This research aims to evaluate the effectiveness of the free healthcare policy implemented by the Gianyar Regency Government in improving access to primary healthcare services for the community. Using a descriptive qualitative approach, data were collected through in-depth interviews, observation, and document analysis. The results show that the policy has a positive impact, leading to an increase in visits to community health centers, higher immunization coverage rates, and a decrease in complaints about medical costs. However, challenges remain in the availability of medical staff, the distribution of medicine, and the quality of services. The policy is considered effective, but it requires strengthening in its management and continuous evaluation.

Keywords: Policy Effectiveness, Free Healthcare, Accessibility, Primary Services, Gianyar Regency.

A. INTRODUCTION

Healthcare development is a top priority on the national agenda, as it involves improving the quality of human resources and community well-being (Mahadiansar et al., 2020). In Indonesia, access to quality healthcare remains a challenge, especially for vulnerable and low-income communities (Widjaja et al., 2025). Both central and local governments have taken strategic steps to improve public health, including implementing free healthcare policies at the local level (Berdame N, 2024).

In Gianyar Regency, Bali Province, a free healthcare policy has been rolled out more aggressively in recent years. The local government has allocated a special budget to cover the costs of primary healthcare services at community health centers (*Puskesmas*), village health posts (*Poskesdes*), and other primary care facilities. This policy aligns with the regional development vision in Gianyar Regency's Medium-Term Development Plan (RPJMD) for 2018–2023, which prioritizes health as a key sector for social development. The program also supports the achievement of Sustainable Development Goal (SDG) 3: "Ensure healthy lives and promote well-being for all at all ages."

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Accessibility to healthcare is not just affected by the availability of facilities or medical staff, but also by financing (Rahman, 2025). High healthcare costs are a major reason for low utilization of healthcare services, especially among people without health social security (Sukardi et al., 2024). According to 2023 data from the Gianyar Regency Health Agency, more than 28% of the working-age population who are not BPJS participants do not regularly access primary healthcare services due to cost and limited facilities (Fitrianingrrum et al., 2023).

Through the free healthcare policy, the Gianyar Regency Government aims to remove financial barriers for the public and expand the coverage of basic health services. The program includes waiving fees for consultations, basic treatments, immunizations, pregnancy check-ups, and other preventive services. The program's results show a positive trend. Based on the 2023 Gianyar Regency Health Profile data, there was an 18.4% increase in visits to primary healthcare facilities compared to the previous year, and an increase in complete basic immunization coverage from 83% in 2022 to 91% in 2023.

However, the effectiveness of this policy cannot only be measured by the number of visits; it must also be measured by how well the services meet the public's needs (Agustiani & Dayar, 2025). The availability of medicine, wait times, user satisfaction, and the distribution of healthcare workers in rural areas are crucial aspects that affect the perception and accessibility of healthcare services (Yaqob et al, 2024). Furthermore, during implementation, various structural and operational challenges have been faced, such as a shortage of medical staff in satellite health centers, limited operational budgets for promotional and preventive activities, and suboptimal integration of health service data and information systems (Juwita A, 2024). This shows that the free healthcare policy needs to be strengthened not only in terms of budget but also in governance, oversight, and public participation.

In an academic context, evaluating the effectiveness of public policies like free healthcare is vital for assessing how well policy goals have been met and providing evidence-based input for future improvements (Tarumingkeng, 2024). Therefore, this research was conducted to analyze the effectiveness of the free healthcare policy in Gianyar Regency, focusing on improving the accessibility of primary healthcare services. This study is expected to provide both academic and practical contributions to the development of health policies in the region and serve as a reference for other areas that want to adopt a similar policy.

B. LITERATURE REVIEW

Free Healthcare Policy

A free healthcare policy is a form of government intervention aimed at removing economic barriers to accessing basic health services (Rachim, 2025). This policy is fundamentally rooted in the principles of social justice and human rights, viewing health as a fundamental right of every citizen that the state is obligated to fulfill (Tampubolon, 2022). In the context of decentralization in Indonesia, many regional governments have developed free healthcare schemes as a commitment to public service.

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According to Nugroho (2014), a public policy is a series of government actions taken to achieve specific goals related to the public interest. Free healthcare policies are often based on considerations of equity, efficiency, and poverty reduction. This approach is also a political strategy to gain public legitimacy and improve the Human Development Index (IPM).

Operationally, free services typically include the elimination of fees for consultations, basic treatment, outpatient care, pregnancy check-ups, immunizations, and other preventive services (Albert A, 2018). However, the effectiveness of this policy heavily depends on the region's fiscal readiness, budget management, and the capacity of healthcare institutions to handle increased demand. Empirical examples show that regions capable of allocating sufficient funds through the Regional Budget (APBD) and having good synergy with BPJS Kesehatan or other national programs can achieve more optimal results. In Gianyar Regency, the free healthcare scheme has been included in the regional priority program, in line with the mandate of Law No. 36 of 2009 on Health and the principle of Universal Health Coverage (UHC).

Accessibility of Primary Healthcare Services

Accessibility is a key indicator for assessing the success of a healthcare system. According to Peters et al. (2008), accessibility includes dimensions of availability, affordability, acceptability, and physical access. Primary healthcare services, as the first line of contact for the public with the health system, play a strategic role in creating equitable services (Hendrawan et al., 2021).

In Indonesia, primary healthcare services include community health centers (*puskesmas*), auxiliary health centers (*pustu*), village health posts (*poskesdes*), and village clinics (Ramadhani et al., 2023). In regions like Gianyar, these facilities are crucial because they serve rural populations that are geographically distant from hospitals or advanced services. However, studies show that even when services are physically available, factors like cost, culture, and public knowledge are major barriers to their use.

Research by Rachmah (2017) found a strong correlation between service cost subsidies and increased visits to primary healthcare facilities. This is supported by data from the 2023 Gianyar Regency Health Profile, which shows an 18.4% increase in *puskesmas* visits after the free healthcare policy was fully implemented.

However, it is important to note that an increase in the quantity of visits does not necessarily equate to an improvement in the quality of access. The quality of services, the competence of healthcare workers, the completeness of equipment, and the availability of medicine are still issues that affect meaningful access to healthcare.

Theory of Public Policy Effectiveness

Policy effectiveness is a measure of the extent to which a policy achieves its stated goals. According to Dunn (2003), effectiveness is a policy evaluation criterion that reflects the actual results compared to the expected ones. Effectiveness includes three main components: the implementation process, the achievement of results (outputs and outcomes), and the long-term impact on the community.

In the context of free healthcare, effectiveness can be seen from an increase in primary service visits, improvements in public health indicators (such as immunization,

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maternal/child mortality rates, and disease morbidity), and the level of user satisfaction. On the other hand, effectiveness also concerns the efficiency of resource use, the fairness of service distribution, and the fiscal and institutional sustainability of the program.

According to public policy theory, a policy's success depends not only on good formulation but also on proper implementation. Implementation involves various actors, such as the healthcare bureaucracy, local government, medical staff, and the community as service users. Sabatier and Mazmanian (1980) emphasize the importance of implementation variables like clarity of goals, political support, and the capacity of implementers in determining policy effectiveness.

In this study, the framework of policy effectiveness analysis will be used to measure the extent to which the free healthcare policy in Gianyar Regency is able to improve the overall and sustainable accessibility of primary services.

C. RESEARCH METHODOLOGY

This research uses a descriptive qualitative approach with a case study method in Gianyar Regency. This approach was chosen to allow the researcher to deeply explore the implementation of the free healthcare policy within a unique local context. The case study method is relevant for answering how this policy was implemented and how effective it has been in improving access to primary healthcare services. This research is also evaluative and exploratory, aiming to assess the success of a public policy based on empirical conditions and the perceptions of stakeholders.

The research locations were chosen purposively, focusing on several community health center (*puskesmas*) work areas in Gianyar Regency that reflect a variety of geographic and demographic conditions, such as rural areas, urban fringes, and regions with a high number of health service visits. The research subjects include officials from the Gianyar Regency Health Agency, *puskesmas* heads, medical staff in the field, and community members who benefit from the policy. Informant selection was done using purposive sampling, meaning informants were chosen for their knowledge, understanding, and direct involvement in the policy's implementation.

Data was collected through a triangulation of methods, combining in-depth interviews, participant observation, and a documentation study. In-depth interviews were conducted with 12 key informants, including Health Agency officials, *puskesmas* heads, and community leaders. The questions were semi-structured to allow for a deep exploration of information from each informant. Observation was conducted directly at five *puskesmas* and three *poskesdes* in Gianyar to observe the service flow, interactions between medical staff and patients, and the availability of facilities and medicine. The documentation study involved reviewing official documents such as the Gianyar Regency Health Profile from 2021 to 2023, reports on the implementation of local health programs, and the Gianyar Regent's Regulation on free healthcare services.

The collected data was analyzed using the Miles and Huberman qualitative data analysis model, which includes three main stages: data reduction, data display, and conclusion drawing. Data reduction was done by sorting and filtering data relevant to the research focus. The data was then presented in narrative form, tables, and thematic summaries to facilitate

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interpretation and pattern identification. Finally, conclusions were drawn inductively based on emerging patterns and re-verified through data triangulation and confirmation with key informants (*member checking*) to ensure the validity and consistency of the findings.

The entire research process was conducted with social research ethics in mind. The researcher guaranteed the confidentiality of informant identities, obtained voluntary consent for participation, and explained that the data collected would be used solely for academic purposes. With this approach, the research is expected to provide a complete and in-depth picture of the effectiveness of the free healthcare policy in Gianyar Regency.

D. RESULT AND DISCUSSIONS

The Policy's Impact on Healthcare Service Visits

Empirical data show a significant increase in the number of community visits to primary healthcare facilities in Gianyar Regency since the gradual implementation of the free healthcare policy began in 2020. This increase reflects the public's positive response to a policy that removes financial barriers to accessing basic healthcare. Community health centers (*puskesmas*), as the frontline of healthcare at the sub-district level, are the clearest indicator of this increase. The highest jump in visits was seen among pregnant women and toddlers, following the promotion of free immunization and pregnancy check-up programs. This group is a strategic target of the policy because it has a direct impact on the maternal mortality rate (MMR) and infant mortality rate (IMR), two key indicators in the Community Health Development Index (IPKM) and the Sustainable Development Goals (SDGs). Here is the data on the average monthly visits to *puskesmas* in Gianyar Regency over the last five years:

Table1. Public Visits to Puskesmas in Gianyar District

Year	***Average Visits/ Month***
2020	3.500
2021	4.100
2022	4.750
2023	5.300
2024	5.750

Sumber: Data diolah peneliti, 2024

Based on the provided text, the number of monthly visits to health facilities in Gianyar Regency increased by 64.3% from 2020 to 2024. This trend shows the free healthcare policy's success in building public trust and encouraging people to use government health facilities they previously avoided due to cost. The rise in visits also indicates a change in public health behavior, with more people now actively seeking early detection and preventive care.

Notable achievements include a significant increase in:

- ANC visits for pregnant women: From 72% in 2020 to 89% in 2024.
- Complete basic immunizations: From 81% to 93% in the same period.

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The Double-Edged Sword of Increased Visits

While the surge in visits reflects the policy's success in making healthcare more inclusive, it has also put a strain on the system. Observations at five busy *puskesmas* (Gianyar I, Sukawati II, Ubud, Payangan, and Blahbatuh) showed that patient queues have grown, with an average of 130–150 patients per day, up from 85–90.

This spike in demand has revealed system weaknesses:

- Medical Staff Shortage: The number of medical staff has not kept up with the increased workload. In some facilities, one doctor has to serve over 100 patients a day, leading to long wait times and potential service quality decline.
- Logistics and Facilities: Waiting areas, outpatient facilities, and medical supplies are under pressure. Some *puskesmas* have reported running out of essential medicines like generic antibiotics and children's vitamins. This shows that the logistics and planning systems are not yet equipped to handle the surge in demand.

In conclusion, while the policy has substantially increased access to primary healthcare, its long-term effectiveness depends on the health system's ability to adapt. To maintain quality, the increase in visits must be matched by a boost in human resources, operational budgets, and an improved logistics and management system.

Public Perception of Free Healthcare Services

Overall, the public's perception of the free healthcare policy in Gianyar Regency is very positive. Based on interviews with 30 recipients of healthcare services from various social groups and regions, approximately 83% of respondents expressed satisfaction with the free healthcare services provided by the local government. This high level of satisfaction primarily stems from the direct experience of being relieved of the financial burden of medical treatment, which had long been a major obstacle to accessing formal healthcare, especially for low-income groups.

Respondents from backgrounds such as farmers, daily wage laborers, housewives, and the elderly reported that free services encouraged them to stop delaying health check-ups. Before this policy, many people would rely on traditional medicine, buy over-the-counter drugs, or let symptoms linger without medical attention.

One interviewee, a housewife from Sukawati Village, clearly described this behavioral change: "Before, if my child had a fever, I would wait to go to the community health center because I was afraid it would be expensive. But now everything is free, so I take them right away. I'm no longer worried."

A similar experience was shared by a farmer from Taro Village, who now gets his blood pressure checked monthly without worrying about the cost. This shows that the policy not only increases physical access but also has a psychological impact, boosting the public's sense of security and trust in government healthcare services.

However, despite the generally positive perception, some critical feedback was shared by respondents, especially from rural areas like Payangan, Sebatu, and Tegallalang. The main complaints relate to service quality, not just accessibility. Some respondents stated that even though the services are free, wait times are extremely long, particularly on days with a high volume of patients. Some patients reported waiting for over two hours and even having to come back the next day because the general practitioner was not on duty.

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The limited availability of generic medicine stocks also caused dissatisfaction. Respondents often received incomplete prescriptions or were given only a portion of the medicine they needed, especially for illnesses like acute respiratory infections, hypertension, and seasonal complaints such as allergies or the flu. In some cases, patients were forced to buy additional medicine at a pharmacy at their own expense, which could undermine the effectiveness of the "free" policy itself.

Furthermore, complaints were made about the interpersonal skills of healthcare staff. Some respondents felt that medical staff, especially doctors and nurses, were not communicative, seemed rushed, and did not provide sufficient explanations about the patient's condition or the medicine prescribed. This is regrettable, as good communication is a crucial component of quality and ethical healthcare. This situation is a consequence of the increased workload due to the surge in patient numbers, but it still requires serious attention from the local government.

The disparity between healthcare facilities in central and peripheral areas also influences public perception. Services in community health centers located in central areas like Gianyar I and Sukawati are relatively faster and more complete. In contrast, in mountainous or remote areas, the public still faces limitations in terms of medical staff, equipment, and waiting room facilities.

In conclusion, the free healthcare policy has successfully increased the use of and satisfaction with primary healthcare services for most people, especially from low-income groups. However, service quality and inter-regional disparities remain real challenges. The findings imply a need for comprehensive capacity building, including hiring additional medical staff, improving the medicine distribution system, and providing communication training for healthcare workers. This will ensure that the policy is not just a quantitative success but a qualitative and sustainable one as well.

Implementation Challenges

While the free healthcare policy in Gianyar Regency has had a positive impact on increasing access and public satisfaction, its implementation faces various structural, technical, and coordination challenges. If not addressed systematically, these issues risk hindering the policy's long-term goal of improving public health evenly and sustainably.

1. Shortage of Medical Staff and Uneven Workload A critical challenge is the limited number of medical staff, especially general practitioners, midwives, and nurses. According to the Gianyar Regency Health Agency (2024), there is a shortage of around 38 general practitioners and more than 70 midwives from the minimum required by the service standards. This imbalance creates a heavy workload for existing staff, particularly at community health centers with high visit volumes. In some centers, a single doctor has to treat over 100 patients a day. This not only increases the risk of burnout but also affects service quality. Interaction time with patients is limited, often focused only on a quick diagnosis and prescription without adequate health education. This can reduce patient satisfaction and, in the long run, erode public trust in the public health system.

2. Uneven Distribution of Logistics and Medicine Another major challenge is the distribution of health logistics, especially the availability of generic medicine and supporting medical equipment. Some health centers in remote areas often experience delays in medicine

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supply. Basic medicines like paracetamol, amoxicillin, children's vitamins, and hypertension drugs are frequently unavailable, forcing patients to buy them at their own expense outside the service facility. Additionally, simple lab facilities and basic examination tools are limited in quantity and quality. This sometimes prevents services from operating optimally and undermines the "free service" concept, as the public still incurs extra costs. This problem indicates that the logistics planning system is not responsive to on-the-ground needs. Distribution is still centralized and periodic, not based on real, data-driven needs.

3. Weak Cross-Sector Coordination Implementing the free healthcare policy requires strong cross-sector collaboration, involving not only the Health Agency and community health centers but also village officials, social services, and local BPJS (Social Security) offices. However, this research found that coordination in Gianyar Regency is not yet optimal. In interviews, many village heads and staff said they were not directly involved in planning or evaluating the health policy. The role of the village is crucial for verifying data on low-income residents, organizing health cadres, and socializing services to the community. This lack of involvement leads to miscommunication between the public and service providers. The absence of an integrated digital reporting and monitoring system between health centers, the Health Agency, and other units is another serious obstacle, as it causes data delays and makes real-time policy evaluation difficult.

4. Disparity in Access Between Urban and Rural Areas The free healthcare policy has not reached all parts of Gianyar Regency equitably. Urban areas have better access to facilities, medical staff, and health information. Meanwhile, people in rural and hilly regions still face geographical barriers and limited transportation. Some residents have to travel long distances to reach the nearest health center, and because medical staff numbers are limited, services are often not available every day. This shows a spatial inequality in policy implementation that should be a primary concern for the local government in future health system plans.

E. CONCLUSION

The free healthcare policy implemented by the Gianyar Regency Government is a strategic step toward ensuring public access to primary healthcare. Based on this research, the policy has been quite effective at increasing visits to primary health facilities, especially community health centers, village health posts, and other community-based services.

The surge in average monthly visits from 3,500 in 2020 to 5,750 in 2024 is clear evidence that removing financial barriers directly changed people's health behavior. This is especially true for vulnerable groups like pregnant women, toddlers, the elderly, and informal workers.

In addition to increasing access, the policy has also successfully raised public awareness about using preventative and proactive services, which are key pillars of primary healthcare (World Health Organization, 2021). People are now more active in getting routine check-ups, immunizations, and health consultations without fearing the cost. The public's perception of the free service is also positive, with over 80% of respondents reporting satisfaction, particularly with the elimination of medical costs and the more equitable access now available.

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However, the policy's effectiveness still faces some fundamental challenges. A shortage of medical staff, especially general practitioners and midwives, leads to a heavy workload and a decline in service quality. The distribution of medical supplies and equipment is still uneven, particularly in remote and hilly areas. Cross-sector coordination among the Health Agency, village governments, and health facilities is not yet optimal. The lack of an integrated digital monitoring and evaluation system hinders evidence-based policymaking.

Furthermore, the disparity between urban and rural areas is still noticeable in infrastructure, human resources, and supporting facilities. This shows that while access has improved, the fairness and quality of service have not been fully achieved. Therefore, the free healthcare policy in Gianyar Regency can be categorized as quantitatively effective, but it needs strengthening in terms of service quality and equity.

To maintain and improve on these achievements, the local government needs to conduct a comprehensive review of the policy's implementation design. It must also strengthen institutional capacity, increase community and village participation in the health system, and develop a monitoring and evaluation system that uses information technology. In the context of sustainable health development, accessible, high-quality, and equitable healthcare services are a critical foundation for improving quality of life and community productivity (Kemenkes RI, 2022; Bappenas, 2020).

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