Original Research Article

Village Government Strategies to Achieve Universal Health Coverage

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ABSTRACT

Universal Health Coverage (UHC) is one of the SDG targets set by the UN. The government then issued Presidential Instruction No. 1 Year 2022 on Optimizing the Implementation of the JKN Program. JKN membership coverage of JKN participants in Gunung Mas District has reached 100%, but there are still villages that have not reached UHC coverage >95%. This study aims to explore the strategies used by village governments to achieve UHC in Gunung Mas District. This study used a qualitative approach based on thematic analysis. Data were collected through focus group discussions, in-depth interviews, and literature review. The research subjects were village governments with the highest, medium, and lowest levels of UHC achievement. Village government strategies in achieving UHC include data collection, education, proposing JKN for the poor, and collaborating with related agencies. Barriers that arise are the lack of regulation of village funds for JKN registration, limited funds, and the large budget required. There are gaps in UHC achievement, with the highest achieving villages actively involving community cadres. Village governments with the lowest UHC achievement are advised to more actively involve community cadres. BPJS Kesehatan is also advised to socialize Presidential Instruction No. 1 of 2022 to village governments.

Keywords: Strategy, UHC, village goverment

INTRODUCTION

Universal Health Coverage (UHC) is one of the goals set to be achieved by 2030 as part of the Sustainable Development Goals (SDGs). To support this objective, the Indonesian government issued Presidential Instruction No. 1 of 2022 on the Optimization of the National Health Insurance (JKN) Program. The achievement of UHC in Indonesia is closely tied to the strategic role of villages, as the smallest administrative units directly interacting with communities. Villages play a critical role in supporting healthcare accessibility and quality, particularly through strengthening primary healthcare systems, promoting health, and preventing disease. Research by Sari et al. (2020) highlights that community-based initiatives in villages, such as posyandu (integrated health posts) and desa siaga (alert villages), have proven effective in raising awareness and increasing participation in the National Health Insurance (JKN) program. Villages, therefore, act as the frontline in ensuring equitable healthcare coverage, even in remote areas.[1]

Furthermore, the success of villages in integrating health programs with JKN significantly contributes to accelerating UHC achievement. A study by Prihatini et al. (2021) emphasizes the pivotal role of village heads and officials in identifying low-income residents, supporting health financing through village funds, and fostering healthy behaviors. Consequently, collaboration between local governments and villages becomes a strategic key to ensuring that all individuals, especially those in marginalized areas, have access to adequate healthcare services without financial hardship.[2]

Gunung Mas Regency achieved UHC status in September 2023. As of January 1, 2025, JKN coverage in Gunung Mas has reached 100%. According to data from BPJS Kesehatan, the coverage includes villages with varying levels of UHC achievement, categorized as the highest, medium, and lowest levels.

Tabel 1. Sample of Villages with UHC Achievement Based on Level

Village	Level	Membership Achievements	Total Participans
Tehang	highest	100,00%	2.958
Rabambang	highest	100,00%	1.799
Tumbang Talaken	highest	100,00%	2.894
Takaras	medium	95,60%	913
Tumbang Empas	medium	95,46%	1.283
Tumbang Pasangon	medium	95,05%	864
Tumbang Ponyoi	lowest	90,19%	469
Tewai Baru	lowest	86,18%	1.122
Tumbang Jalemu Kajuei	lowest	84,10%	312

Source: BPJS Kesehatan, January 2025

The purpose of this study is to explore the strategies employed by village governments with varying levels of participant coverage in achieving Universal Health Coverage (UHC) in Gunung Mas Regency.

METHOD

The method used in this study is a qualitative approach based on thematic analysis. Thematic analysis is to find important themes that emerge to describe the phenomenon of events. The steps begin with transcribing data, eliminating data that is considered unnecessary (data reduction), providing codes (coding) based on the basic data obtained, then recording to find several similar codes so that they can be combined into sub-themes. To enhance the trustworthiness or credibility of the research data, the author employed source triangulation and method triangulation.

Data Collection

Focus Group Discussion (FGD)

FGD was conducted to obtain information on how village government strategies with various levels of participant coverage in achieving UHC in Gunung Mas Regency. FGD was conducted in each village to 6 (six) informants from the highest UHC village, 6 informants from the medium UHC village and 6 informants from the lowest UHC village. The informants consisted of village heads, village secretaries/village apparatus representatives, regional implementers, local village assistants, BUMDes (Village-Owned Enterprises) managers, and BPD (Village Consultative Body). The selection of informants used a purposive sampling technique, namely informants who had knowledge related to village government strategies in achieving UHC.

Interview

After conducting FGD, it turned out that there were still several research objectives and questions that had not been answered, so the researcher conducted in-depth interviews with several informants who were considered by the researcher to be rich in information.

Document review

Document review from several reference sources was conducted as comparative data and supporting data from data obtained from the results of DKT and interviews.

RESULT AND DISCUSSION

Input

Input includes policies, Human Resources and funding sources of the Village Government in achieving UHC in Gunung Mas Regency.

Policy

Policies/regulations that support the Village UHC program in the three villages where the research took place can be seen in the table below:

Tabel 2. Policies/Regulations that Support the Village UHC Program

Policies/Regulations	Highest UHC	Moderate UHC	Lowest UHC
Central Government Policies/Regulations			
UU No. 40 of 2004 concerning SJSN	√	√	√
UU No. 24 of 2011 concerning BPJS	√	√	√
UU No. 6 of 2014 concerning Villages	√	√	√
Presidential Decree No. 111 of 2013 concerning amendments to	√	√	√

Policies/Regulations	Highest UHC	Moderate UHC	Lowest UHC
Presidential Decree No. 12 of 2013 concerning Health Insurance[3]			
Presidential Instruction No. 1 of 2022 concerning Optimization of the Implementation of the JKN Program	√	√	√
Local Government Policies/Regulations			
The Regent of Gunung Mas Instruction No. 440/38/Kesra/III/2022 on the Optimization of the Implementation of the National Health Insurance Program in Gunung Mas Regency	√	√	√
Decree of the Regent of Gunung Mas No. 100.3.3.2/310/2023 on the Establishment of the Acceleration Team for the Achievement of Universal Health Coverage in Gunung Mas Regency.	√	√	√
Village Government Policies/Regulations	-	-	-

From the table above, it can be seen that the policies/regulations that support the Village UHC program in the three villages that are the location of the research are different from the policies/regulations of the central government and local governments. While there are no village government policies/regulations that support the Village UHC program.

Human resources

Human Resources involved in supporting Village UHC in the three villages where the research took place can be seen in the table below:

Tabel 3. Human Resources Involved in Supporting UHC

HR	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
Village Head	√	√	√
Head of Service Section	√	√	-
Head of Social Affairs/Welfare	√	√	√
Head of Finance	√	√	√
Head of Administration and General Affairs	√	√	-
Head of Government Affairs	√	√	√
Support Staff	√	√	-
RT/RW	√	√	-
Elderly Posyandu Cadres	√	-	-
Toddler Posyandu Cadres	√	-	-
Posbindu Cadres	√	-	-
Village Midwife	√	√	√
PESIAR Agent Team 2024	-	-	√

Human resources involved in supporting UHC in villages with the highest coverage include various key roles. The Head of Services is responsible for preparing referral letters and submitting proposals to the Social Affairs Office of Gunung Mas Regency. Village officials, including the Village Head, Head of Service Section, Head of Social Affairs/Welfare, Head of Finance, Head of Administration and General Affairs, Head of Government Affairs, and Support Staff, actively conduct outreach and awareness campaigns in the community. Additionally, neighborhood and community leaders (RT and RW) play a vital role in disseminating information from the socialization sessions to their residents and assisting with data reconciliation. Posyandu cadres, including those for the elderly, children, and posbindu, are responsible for identifying residents who are and are not yet registered as participants in JKN-KIS. Village midwives contribute by educating the community about JKN and its benefits. These collective efforts ensure the effective implementation of UHC in the highest-achieving villages.

Human resources involved in supporting UHC in medium UHC coverage villages include neighborhood and community leaders (RT and RW), who are responsible for encouraging community participation. The Head of Services plays a key role in preparing JKN proposal letters for the community health center, focusing particularly on matters related to assistance and

underprivileged residents. In addition to the Head of Services, other village officials are assigned to record residents who already have or lack health insurance. These include the Head of Finance, Head of Social Affairs/Welfare, Head of Government Affairs, Head of Services, and two support staff members. Furthermore, village midwives assist by providing education and encouraging residents to enroll in the JKN program. These combined efforts aim to enhance health insurance participation in villages with medium UHC coverage.

Meanwhile, the Human Resources involved in supporting UHC Village in the lowest UHC Village include the village head who makes the village apparatus decree, the social affairs section head who is tasked with making the Certificate of Inability to Pay (SKTM). However, in 2023, the Pongkar Village Government has collaborated with BPJS Kesehatan, so that a PESIAR Agent Team was formed which will later move to Map, Comb, Advocacy, and Register Pongkar village residents. Officers are appointed by the Village Head to record data on residents who are not yet registered for JKN consisting of one (1) village apparatus and two (2) community members.

Source of funds

Based on the research findings through document review and in-depth interviews with informants, it was revealed that there is no other source of funding besides the Regional Revenue and Expenditure Budget (APBD) allocated through the Gunung Mas Regency Health Office. This funding has shown progressive growth from 2021 to 2024 to cover all villages, as illustrated in the table below:

Table 4. Human Resources Involved in Supporting UHC

Source of Funds	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
Village Fund	-	-	-
BUMDes Fund	-	-	-
CSR Fund 2023	-	-	-
Regional Revenue and Expenditure Budget (APBD)	√	√	√

Village funds cannot be utilized to enroll village residents in the JKN program, as these funds are already allocated to specific sectors and only cover the participation of village officials. Additionally, not all villages have Village Owned Enterprises (BUMDes), and even in villages where BUMDes exist and have established statutes and bylaws (ADRT), these funds are not allocated to the health sector. The net profit of BUMDes at the end of the year is instead used for social funds, which are accounted for during the year-end village meetings.

Corporate Social Responsibility (CSR) funds, referred to as Community Development (CD) funds in the highest and medium UHC villages, are predominantly allocated to improving access roads in Gunung Mas Regency, which are notoriously in poor condition. Consequently, these funds are not prioritized for the health sector.

Village Government strategy for poor and underprivileged communities

Based on the results of the study through FGD and in-depth interviews with informants, it can be seen that the village government's strategy in achieving UHC for the poor in the three villages that were the research sites differed, as can be seen from the table below:

Table 5. Village Government Strategy for Poor and Underprivileged Communities

Village Strategy	(Highest UHC)	(Moderate UHC)	(Lowest UHC)
Data collection and identification of people who already have JKN and those who do not	√	√	√
Socialization / appeal	√	√	√
Making a Certificate of Inability to Pay (SKTM)	√	√	√
Increase community participation in the JKN program by proposing to PBI	√	√	√

Based on the table above, there is no difference between the strategies of village governments with the highest, medium and low UHC in achieving UHC. The strategies of village governments in achieving UHC for the poor and disadvantaged include conducting data collection

and identification of people who already have and do not have JKN, socialization and appeals, making a Certificate of Inability to Pay (SKTM), and increasing community participation in the JKN program by proposing to PBI.

Data collection in the highest UHC Village starts from RT and RW first. Meanwhile, data collection in the UHC village is being carried out by the village apparatus. While in the lowest UHC village, it is carried out by the PESIAR Agent team in 2024.

Village Government strategy for informal worker Village Communities

Based on the results of the study through FGD and in-depth interviews with informants, there is some information about the village government's strategy in achieving UHC for informal workers in the three villages that were the research sites. The following conclusions from each village can be seen in the table below:

Table 6. Village Government Strategy for Informal Workers

Village Strategy	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
Educating the importance of JKN	√	√	√
Submitting to the local government to integrate into the JKN program in the PBI APBD segment	√	√	√
Collaborating with healthcare facilities to collect data on individuals in need of access to healthcare services.	√	√	√
Using personal funds (out of pocket)	√	√	√
Using CSR/CD funds (fee for service)	-	-	-

The strategies implemented by village governments to achieve UHC in Gunung Mas Regency for informal workers in the three villages studied include: educating residents about the importance of health insurance, collaborating with healthcare facilities to identify individuals needing access to healthcare services, and submitting proposals to the local government to integrate residents into the JKN program under the PBPU BP Pemda segment. However, if the local government does not approve the proposal, village residents rely on their personal funds for medical treatment

Village Government strategy for coverage of pregnant women and toddlers

Based on the results of the study through FGD and in-depth interviews with informants, there is some information about the village government's strategy in achieving UHC for coverage of pregnant women and toddlers in three villages that are different research sites. The following conclusions from each village can be seen in the table below:

Table 7. Village Government Strategy for Coverage of Pregnant Women and Toddlers

Village Strategy	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
Conducting data collection on pregnant women who are not yet registered for JKN-KIS	√	√	√
Education for pregnant women regarding the importance of JKN	√	√	√
Appeal to pregnant women to register for JKN	√	√	√
Proposing into the JKN program PBI and PBPU segments	√	√	√

Strategies of Village Governments with the Highest, Medium, and Lowest UHC Coverage in achieving UHC for coverage of pregnant women and toddlers include jointly collecting data on pregnant women who are not yet registered as JKN-KIS participants, educating pregnant women regarding the importance of JKN, appealing to pregnant women to register for JKN and proposing it into the JKN program in the PBI and PBPU segments. The three levels of villages share similar strategic efforts, primarily because healthcare services, particularly for pregnant women and childbirth, require substantial costs and pose significant health risks.

Village government innovation in achieving UHC

Based on the results of research through

FGD and in-depth interviews with informants, it can be concluded that village government innovation in achieving UHC in each village can be seen in the table below:

Table 8. Village Government Innovation in Achieving UHC

Village Strategy	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
Involving active participation of RT and RW	√	√	-
Involving active participation of elderly posyandu cadres	√	-	-
Involving active participation of toddler posyandu cadres	√	-	-
Involving active participation of post bindu cadres	√	-	-
Involving active participation with village midwives	√	√	-
Collaboration with the Sub-district Office and Health Service in proposing PBI	√	-	-
Create MOU / PKS with companies to prioritize local villagers in recruiting Company employees	√	-	-
Collaborating with BPJS Kesehatan regarding the PESIAR Program	-	-	√

Based on the results of the study through FGD and in-depth interviews with informants, there is some information regarding village government innovation in achieving UHC. In the three villages that were the research sites, only the village governments with the highest and medium UHC involved active community participation. The village government with the highest UHC involved active participation of elderly posyandu cadres, toddler posyandu, posbindu, village midwives and collaborated with the Sub-district Office and the Health Office in proposing PBI. Meanwhile, the village government with medium UHC involved active participation of village midwives. The village government with the lowest UHC has only collaborated with BPJS Kesehatan regarding the PESIAR program.

Village governments with the highest UHC involve active community participation starting from RT, RW, to Posyandu cadres. Village officials conduct socialization to RT and RW. Then, RT and RW convey it to their respective residents. Posyandu cadres include Posyandu cadres for the elderly, Posyandu cadres for toddlers and Posbindu cadres who collect data on village residents who have and have not been registered as JKN-KIS participants as well as village midwives who provide education about JKN. Data collection is carried out door to door or by requesting data in the form of KTP and KK when the community visits the Posyandu. Meanwhile, village governments with moderate UHC involve active participation of village midwives to provide education and appeals to residents and pregnant women to register for JKN.

Obstacles and challenges of Village Government in achieving UHC in Gunung Mas Regency

Based on the results of the study through FGD and in-depth interviews with informants, there is some information regarding the obstacles of the village government in achieving UHC in the three villages that were the research sites. The following conclusions from each village can be seen in the table below:

Table 9. Village Government Obstacles in Achieving UHC

Village Strategy	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
There is no strong regulation regarding the use of village funds for JKN registration	√	√	√
There are no program funds for JKN contribution payments	-	√	√
Limited budget	-	√	√
Many other priority activities	-	-	√
A fairly large amount of funds is needed for the JKN budget.	-	-	√

Based on the table above, it is evident that the three levels of village governments in the study face the same obstacle in achieving UHC, the lack of strong regulations regarding the use of village funds for JKN registration. So that the village government does not dare to use village funds to register residents for the JKN program. In addition, for villages with medium and lowest UHC coverage, due to the absence of program funds for JKN contribution payments, limited budget, many other priority activities and the need for funds with a fairly large nominal value for JKN budgeting.

The highest obstacle for UHC Village Government in achieving UHC is the absence of strong regulations related to the use of village funds for JKN registration so that the village government does not dare to use village funds to register residents for the JKN program. The use of village funds has so far depended on the results of the village deliberation forum. However, if there is a clear regulation stating what percentage is for JKN, the village government will immediately implement it.

The obstacles faced by the UHC Village Government in achieving UHC include the village fund already having its own sub-districts and no program funds for JKN contribution payments for village communities. The lowest UHC Village Government obstacles in achieving UHC include no program funds for JKN contribution payments for village communities, limited budget, many other priority activities, and data with a fairly large nominal value is needed for JKN budgeting.

Challenges of Village Government in achieving UHC

Based on the results of the study through FGD and in-depth interviews with informants, there is some information about the challenges of village governments in achieving UHC in the three villages that were the research sites. The following conclusions from each village can be seen in the table below:

Table 10. Challenges for Village Government in Achieving UHC

Challenge	Highest UHC Village	Moderate UHC Vilage	Lowest UHC Vilage
Worried about not being able to pay JKN contributions	-	√	√
People tend to use out of pocket	√	√	-
Lack of self-awareness from the community regarding the importance of JKN	-	√	√
Social jealousy arises if one citizen is registered	√	√	√

Based on the table above, it can be seen that the challenges of village governments in achieving UHC include the emergence of a sense of worry about not being able to pay JKN contributions, people tending to use out of pocket, a lack of self-awareness from the community regarding the importance of JKN, and the emergence of social jealousy if one resident is registered.

Inputs covering policies, human resources and funding sources of Village Government in achieving UHC in Gunung Mas Regency

policies/regulations

Hadiwijoyo (2021) and Anjani (2020) showed that JKN optimization in the regions depends on the implementation of regional policies. Village governments need to establish specific policies to support Village UHC, which serve as a framework for village heads, local governments, and RW and RT heads in implementing the JKN program.[4,5]

Human resources

Based on the results from DKT data and interviews, it was found that the human resources in villages with the highest and medium UHC achievements are more active compared to those in villages with the lowest UHC achievements. Therefore, the efforts made by actively engaged village governments yield more satisfying results than those made by passive village governments. The UHC achievement in the active villages has reached the UHC target of over 95%. The village governments with the highest and medium UHC achievements also show great commitment in involving their village staff, from supporting staff to Heads of Sections (Kasie) and Heads of Subsections (Kaur). This indicates that the village head in villages with high and medium UHC achievements demonstrates strong leadership. Furthermore, the village head plays an important role in organizing, supervising, and directing all village officials under their leadership. The village head can influence the village staff, from supporting staff to Kasie and Kaur, in achieving the collective goal of supporting UHC. This is in line with the research by Sari, Zamzam, and Syamsudin (2020), which states that leadership variables predominantly affect employee performance growth.[6]

Source of funds

All policies related to UHC at the village level need to be supported by adequate budget allocations, as well as backing from the district, provincial, and central governments in order to achieve UHC at the village level. To date, the majority of funding sources have been concentrated in the Gunung Mas Regional Government's APBD (Regional Budget).

Village Government strategy in achieving UHC in Gunung Mas Regency

According to Bryson (2018), strategic planning is a focused effort in making important decisions and actions that determine the function and reasoning behind an organization's behavior. In the public sector, strategic planning provides significant benefits by improving operational efficiency.[7] Through a strategic plan, organizations can outline the most effective actions to achieve their goals.[8]

The village government's strategy for achieving UHC in Gunung Mas Regency involves gathering data and identifying individuals who are already enrolled in JKN and those who are not, in order to optimize the JKN-KIS program. The goal is to ensure that every villager has access to quality health services, including promotive, preventive, curative, and rehabilitative care. This strategy aligns with the Regent of Gunung Mas Instruction No. 440/38/Kesra/III/2022 on Optimizing the Implementation of the National Health Insurance Program in Gunung Mas Regency, and the Regent's Decree No. 100.3.3.2/310/2023, which establishes the Acceleration Team for the Achievement of Universal Health Coverage in Gunung Mas Regency. The decree instructs the Gunung Mas Regency Community and Village Empowerment Service to actively involve village heads and officials in collecting data on village residents who are either registered or not yet registered as JKN-KIS participants.

The village government also proposes poor and underprivileged citizens to the central government for JKN registration through the Integrated Social Welfare Data (DTKS) to become PBI-JK, and recommends vulnerable and general populations who need access to health services through the local government to become PBPU BP Pemda in the JKN program. This approach is in line with Mao et al. (2020), who found that Vietnam successfully expanded compulsory health insurance coverage gradually by prioritizing the participation of the poor.[9]

Putra, Yudha, and Suarjana (2019) found that the Karangasem Regency Government supported the Health Insurance program by allocating a budget in 2019 for poor PBI participants.[10]

Hadiwijoyo (2021) states that the concept of UHC in Thailand has covered the poor and near poor since 1975, and was later extended to voluntary participants, formal workers, children, and the elderly.[5]

Gunung Mas Regency Village Government innovation in achieving UHC

Cajaiba-Santana (2014) states that social innovation occurs when new ideas change existing paradigms through different ways of thinking and acting. This process takes place interactively, where actors interact with their social context, while simultaneously changing and being influenced by it in driving social change.[11]. In this case, the village government with the highest and moderate UHC actively interacts and involves increasing the involvement and active participation of the community starting from RT, RW, village midwives, posyandu cadres including posyandu cadres for the elderly, posyandu cadres for toddlers and posbindu cadres as well as collaborating with the sub-district office and health office in proposing PBI.

Van Niekerk et al. (2023) examined social innovation as a process to increase community engagement, participation and agency. A case study in Malawi showed that delegation of tasks and trust to community members can be an effective strategy.[12]

Obstacles and challenges of Village Government in achieving UHC in Gunung Mas Regency Obstacles of Village government in achieving UHC

Obstacles for the Village Government in achieving UHC in Gunung Mas Regency include the absence of strong regulations regarding the use of village funds for JKN registration, village funds already have their own sub-divisions, limited budget, many other priority activities, large funds are needed for JKN budgeting. The Village Government should seek alternative sources of funding such as donation funds or Corporate CSR funds to ensure the sustainability (Sustainable Development) of the JKN program. Ochalek, Manthalu, and Smith (2020) state that the funding pool can be strengthened with additional sources, such as donations or corporate taxes.[13]

Challenges of Village Government in achieving UHC

A key challenge in achieving UHC in Gunung Mas District is the concern that the poor will find it difficult to pay JKN premiums if they have to self-enroll. This finding is in line with Kwarteng et al. (2020), who identified the inability to pay insurance premiums as a significant barrier to NHIS enrollment in Ghana.[13]

Most rural communities still rely on out-of-pocket (OOP) methods when seeking treatment due to a lack of awareness of the importance of JKN. This finding is in line with Adewole et al.'s (2015) study in Southwest Nigeria, which showed that the majority of people pay for health services OOP due to low awareness of the National Health Insurance Scheme (NHIS).[14]

One of the efforts to achieve UHC is to reduce personal expenditure (OOP) for health services. Therefore, village policymakers or government officials need to design a fundraising mechanism to support health insurance enrollment for the community.[15,16] In some developing countries, reliance on out-of-pocket payments for medical costs is a barrier to achieving UHC. WHO emphasizes that medical costs are a major barrier to health coverage and recommends the collection of community health insurance premiums as an alternative to reduce the burden of user fees.[17]

The study results reveal a lack of public awareness about the importance of JKN, primarily because many residents in the three villages where the study was conducted have low levels of education, with most being unschooled or not having graduated from elementary school. Kusumaningrum and Azina (2018) highlighted that education plays an important role in JKN participation. Higher education levels increase understanding, awareness, and engagement in the program.[18,19]

The study also found that social jealousy arose due to the limited budget of the village fund, which was unable to reach the entire population. Conflicts arise from social, political, and interpersonal aspects, mainly due to unequal distribution in the village.[20] Thus, the village government must ensure fair registration and provide adequate risk protection for the most impoverished villagers.

CONCLUSION

Village government strategies in achieving UHC in Gunung Mas District include data collection, socialization, and PBI applications for the poor. The gap arises because villages with higher UHC are more active in involving village officials and community cadres.

The Gunung Mas District Village Government's innovations in achieving UHC include increasing community participation from the RT level to health cadres, collaboration with the sub-district and health office for PBI proposals, cooperation with companies to prioritize local workers, and partnership with BPJS Health in the PESIAR program.

Village government barriers to achieving UHC in Gunung Mas District include the absence of regulations related to the use of village funds for JKN, budget limitations, and other priority activities. Challenges include poor people's concerns about JKN contributions, self-medication preferences, low awareness of JKN, and potential social jealousy.

Village governments are advised to establish policies supporting UHC, including guidelines for village officials in implementing the JKN program. Socialization of Presidential Instruction No. 1 Year 2022 needs to be strengthened, along with finding alternative funding sources to sustain the program. Especially for villages with the lowest UHC, active participation of community cadres should be increased.

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