



IMPLEMENTATION OF THE LASERKU PRIORITY PROGRAM IN IMPROVING COMMUNITY HEALTH AND WELFARE

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ABSTRACT

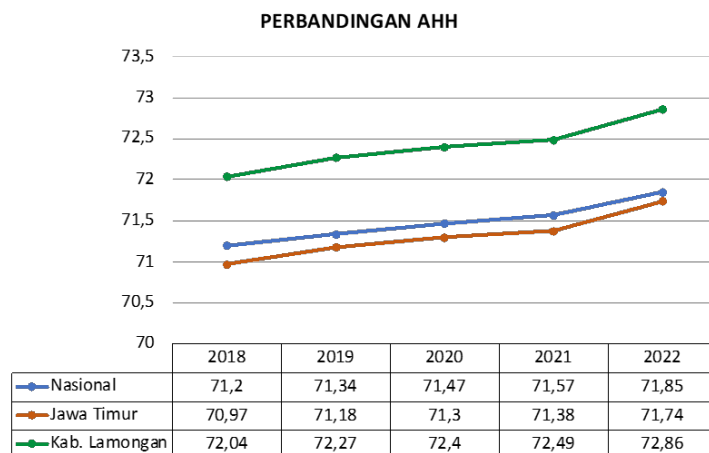
Health is the main focus of the Lamongan Regent's priority programs as stated in the 2021-2026 RPJMD. One of the programs presented is LASERKU (Lamongan Sehat dan Sejahtera Dengan Kunjungan Rumah) where the main targets are less prosperous people who experience chronic diseases, congenital diseases, the elderly, malnutrition or stunting and mental health problems and people who have not been registered in JKN-PBI. This research aims to analyze collaboration in the implementation of the LASERKU (Lamongan Sehat dan Sejahtera Dengan Kunjungan Rumah) program policy. This study uses a qualitative research approach with an interactive analysis model. This study found that implementation and collaboration resulted in the effectiveness of the LASERKU Priority Program in Lamongan Regency, thereby achieving several successes in improving community health and welfare.

Keywords: *Impelementasi, kebijakan kesehatan, Lamongan Sehat dan Sejahtera Dengan Kunjungan Rumah*

INTRODUCTION

In health development, there is an important role of local government in financing health in the region. Todaro and Smith (2011, p. 237) reveal that government spending on the health sector is one form of fulfillment of individual rights in obtaining health services. The government has regulated health financing in Law Number 36 of 2009 concerning Health which states that local governments must allocate a minimum of 10 percent of the Regional Budget (APBD) (excluding salaries) for the health sector. The Directorate General of Treasury (2019) in the publication of the 2018 Regional Fiscal Review states that almost all provinces in Indonesia have allocated the 2018 APBD for health as specified, except West Papua Province. Nevertheless, Indonesia still experiences health problems as seen from several measures of health status that are still far from the SDGs target. One of them is nutritional status.

The measure of health development within the framework of human development is measured by life expectancy. Living longer is everyone's dream. Longer life requires better health. Human development expands human choices by requiring longevity. The proxy for longevity and health used in human development is the indicator of life expectancy at birth. This indicator is one of the indicators of public health. The trend of life expectancy in Lamongan Regency compared to the national and provincial levels is presented in the following diagram:



Sumber BPS 2022

One of the implementations of the Lamongan Sehat policy is in the form of a home care service where the main targets are underprivileged people who experience chronic diseases, congenital diseases, the elderly, malnutrition or stunting and mental health problems and people who have not been registered with JKN-PBI. Interventions carried out include a) Home Visits; b) Provision of Healthy Cars Throughout the Village; c) Assistance with Public Health Support Equipment (Wheelchairs, Walkers, etc.); d) Free Treatment at Puskesmas and Hospital; e) Non-Health Social Security Assistance; f) Construction of Uninhabitable Houses. This program is also a collaboration between work units not only the Health Office as the main lead. The various work units involved include the Health Office, the Public Housing, Settlement Areas and Human Settlements Office, the Community and Village Empowerment Office, the Social Service, the Population and Civil Registry Office, and the Regional General Hospital.

Public policy is a response to public problems, the public problem or policy issue then becomes a policy agenda which then enters the policy formulation process. At the policy formulation stage, the problem is really mapped and analyzed thoroughly to ensure the source of the problem that will become the target of the policy. This is part of the form of policy design so that it can really solve the public problem itself. After the policy is formulated and decided, the next challenge is to implement the policy or policy implementation. Public policy may only be an idea for a solution and cannot really solve public problems if policy implementation is not carried out properly. In fact, many studies of public policy are focused on aspects of policy implementation because this stage can determine the success of a public policy. After the implementation stage, public policy is then evaluated or policy control to again ensure that public policy can solve public problems. Collaborative Governance emerged to respond to implementation failures, high costs and politicization of public sector regulations (Ansell & Gash, 2008). Its focus is on each stage of public policy. Gray et al (2003) call it a public policy instrument. Jung et al (2009) call it the key institutional approach. Collaborative governance is a new paradigm in understanding the existence of multi-stakeholders in public affairs. Based on the description above, the author is interested in assessing the policy implementation of the LASERKU Program (Lamongan Sehat Dan Sejahtera Dengan Kunjungan Rumah) as well as the collaboration built in policy implementation. Thus, this study aims to analyze collaboration in the implementation of the LASERKU (Lamongan Sehat Dan Sejahtera with Home Visits)

program policy. The structure of this study is as follows: 1) Introduction; 2) Method; 3) Results and Discussion; 4) Conclusion

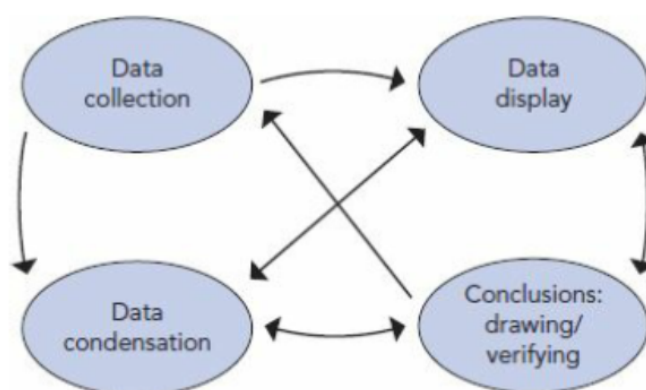
METHOD

Place and time of research

This research study is the implementation of the regional priority program policy (2021-2026) of Lamongan Regency, namely Healthy Lamongan. With a focus on aspects of communication, resources, disposition and bureaucratic structure. In addition, it also looks at the collaboration that is built between the government (government) with the private sector (private sector) and civil society (community) from the implementation of the Lamongan Sehat policy. The location of this research is Lamongan Regency. The research sites are the Health Office, the Public Housing, Settlement Areas and Human Settlements Office, the Community and Village Empowerment Office, the Social Service, the Population and Civil Registry Office, and the Regional General Hospital.

Method

This study uses interactive data analysis data analysis which refers to the stages described by Miles Huberman (2014: 33) which explains that in analyzing data there are three activities that are carried out simultaneously, namely condensing data, presenting data, and drawing conclusions or proof. The stages in the interactive model analysis include:



RESULTS AND DISCUSSION

Policy Implementation of the Healthy Lamongan Priority Program

The main focus used by the author in looking at the implementation of the Healthy Lamongan priority program policy is looking at 4 aspects which include:

1. Communication

In order for policy implementation to be in accordance with its objectives, the policy must be properly informed or communicated. Communication plays a very important role in policy implementation because all information related to the objectives and scope of the policy can be well understood by all those involved in policy implementation. Healthy Lamongan is one of the priority programs that has become a flagship program since becoming a candidate

for Regent. At the beginning of the program implementation after being inaugurated as Regent of Lamongan in 2021, after the inauguration, the Regent immediately explained or communicated the Healthy Lamongan Policy through the Home Care Service Declaration activity in June 2021. More detailed communication is also carried out to the community as policy beneficiaries. Through communication to the community, it is hoped that the community can find out the various services that will be obtained through the Lamongan Sehat policy. Some important things that need to be understood by the community include the priority of the Lamongan Sehat policy through visits or home care services aimed specifically at vulnerable families who live alone and with certain conditions (chronic diseases) so that they cannot access health services at health service facilities. Through the Lamongan Sehat policy, it is hoped that underprivileged families can get the opportunity to get quality health services and not be burdened by health costs, so that it has an impact on improving welfare. Lamongan Regency government has communicated the Lamongan Sehat policy starting from the initial declaration carried out by the Regent directly, followed by communication within the internal regional apparatus as policy implementers. Communication is also carried out to the community as beneficiaries of the Lamongan Sehat policy. The purpose of this communication is to convey ideas related to the Healthy Lamongan policy to all parties involved in the implementation of this policy later. This is done carefully and carefully to avoid the risk of misunderstanding the policy making the implementation of the policy not optimal. In the communication process carried out, all information and the scope of the Lamongan Sehat policy are conveyed in a detailed, clear and consistent manner. Consistency means that from the first time the policy was launched by the Regent until the socialization to the community provided consistent information related to the scope of the Lamongan Sehat policy. To the parties involved in policy implementation, namely the Health Office, RSUD, Puskesmas and village health workers, the roles and responsibilities in policy implementation are explained in detail. The community as the target group is also given an explanation so that they know the objectives and scope of services provided by the Lamongan Sehat policy.

2. Resources

The implementation of the LASERKU Policy has been supported by comprehensive resources, both budget and human resources. The Lamongan Regency APBD amounted to 2.025 billion, budgets from various stakeholders involved include TP-PKK of Rp. 242,200,000, BAZNAZ of Rp. 90,750,000, Company CSR of Rp. 181,500,000 and BPJS Health of Rp. 79,800,000. In terms of human resources, there were 1,108 health workers in the field, consisting of doctors in charge of LASERKU at 32 health centers in Lamongan district, LASERKU supervisors at 32 health centers in Lamongan district, village midwives at 32 health centers in Lamongan district, and village nurses at 32 health centers in Lamongan district, as well as 11 people from the health office, starting from the Head of the Health Office, Secretary of the Office, Head of Division, Head of Section and staff in the Primary Health Care Section.

3. Disposition

Another disposition or attitude that shows the commitment to implementing the LASERKU policy by implementers is the regular evaluation of the implementation of LASERKU through the LASERKU rembug both at the sub-district level and at the local government level, namely with multi stakeholders. The purpose of the evaluation is to ensure that the quality of services provided is in line with expectations, while also providing

information to other stakeholders who can be jointly involved in developing LASERKU policies. Policy development where LASERKU is no longer only concerned with improving health services, but also socio-economic aspects. When conducting visits, policy implementers found that families who received health services through visits also needed various other assistance such as repairing uninhabitable houses, health support equipment, and even basic necessities. Therefore, in the implementation of the LASERKU rembug, various stakeholders were also invited, including the Social Service, the Office of Public Housing and Settlement Areas, RSUD, the PKK Movement Team and BAZNAZ Lamongan. The evaluation results indicate that the LASERKU policy has run according to plan. However, support from various stakeholders is needed to jointly intervene in various problems faced by the community. It is understood that the disposition of the implementor shows an attitude that has a strong commitment in implementing the LASERKU policy. Various attitudes of commitment are shown by making SOPs as guidelines in the implementation of visit services provided to the community. Furthermore, implementers also measure satisfaction with the services provided, this is a measure of the effectiveness of the services provided and shows the level of quality that has been felt by the community. In addition, it is also an evaluation material in policy improvement. Implementors also in implementing the LASERKU policy also conduct periodic evaluations through the LASERKU rembug by involving various stakeholders. As a result, the LASERKU policy not only provides positive benefits in health services that are closer to vulnerable family groups, but is also able to contribute to improving the socio-economic aspects of the community, especially related to the burden of expenses.

4. Bureaucratic Structure

Based on the Regent's decree above, it can be understood that the people involved in and authorized to implement LASERKU since 2022 have been determined. Among those involved are the Head of the Health Office as the Person in Charge, the Secretary of the Health Office as the Chairperson of the LASERKU policy implementer with the assistance of his deputy chairman is the head of the Health Services Division of the Health Office. The Health Services Division is included in the core team where the Head of the Division of staff is involved as a member. In the composition of the members, a secretariat was also formed, chaired by the staff of the Primary Health Care Section. In addition to the secretariat, there is also a program management group chaired by all Heads of Puskesmas in Lamongan Regency with members namely Programmers, Village Midwives, and Nurses in Lamongan Regency. The authority given to the members that have been formed includes 1) forming the Puskesmas Home Care Service (HCS) Team; 2) collecting community data; 3) conducting visits to targets and sticking Home Care Service (HCS) stickers; 4) identifying health and non-health problems; 5) conducting examinations related to the problems found, treatment and education on an ongoing basis; 6) making referrals to FKTP/FKTL if necessary; 7) submitting non-health problems to the relevant Dinas; 8) evaluating target data every month from the Sub-district Home Care Service (HCS) Team; 9) evaluating reports on the results of home visit activities from the Sub-district Home Care Service (HCS) Team. In order to support the smooth implementation of the policy, the secretariat of the Home Care Service (HCS) Team is also formed, which is located at the Lamongan District Health Office. All costs required in carrying out the tasks are borne by the Lamongan Regency APBD and other legal sources of funding.

Collaborative Governance in the Implementation of the LASERKU Priority Program

According to Edwards III (1984: 1) that without effective implementation, the decisions of policy makers will not be successfully implemented. Policy implementation is an activity that is seen after the issuance of a legal direction of a policy which includes efforts to manage inputs to produce outputs or outcomes for the community. The implementation problems approach model introduced by Edwards III (1984: 9-10) first poses two main questions, namely: (i) what factors support successful policy implementation and (ii) what factors hinder successful policy implementation. Based on these two questions, four factors are formulated which are the main conditions for the success of the implementation process, namely communication, resources, bureaucratic attitudes or implementers and organizational structure, including bureaucratic work flow. In the context of the implementation of the LASERKU policy in Lamongan Regency, it is also examined based on the first four factors according to Edwards III related to communication. The Lamongan Regency Government has communicated the Lamongan Sehat (LASERKU) policy starting from the initial declaration carried out by the Regent directly, followed by communication within the regional apparatus as the policy implementor.

Communication is also carried out to the community as beneficiaries of the Lamongan Sehat policy. The purpose of this communication is to convey ideas related to the Lamongan Sehat policy to all parties involved in the implementation of this policy later. This is done carefully and carefully to avoid the risk of misunderstanding the policy making the implementation of the policy not optimal. in the communication process carried out, all information and the scope of the Lamongan Sehat policy are conveyed in a detailed, clear and consistent manner. Consistency means that from the first time the policy was launched by the Regent until the socialization to the community provided consistent information related to the scope of the Lamongan Sehat policy. To the parties involved in policy implementation, namely the Health Office, RSUD, Puskesmas and village health workers, the roles and responsibilities in policy implementation are explained in detail. The community as the target group is also given an explanation so that they know the objectives and scope of services provided by the Lamongan Sehat policy.

Secondly related to Resources, the implementation of the LASERKU Policy has been supported by comprehensive resources both budget and human resources. The APBD of Lamongan Regency amounted to 2.025 billion, the budget from various stakeholders involved included TP-PKK of Rp. 242,200,000, BAZNAZ of Rp. 90,750,000, Company CSR of Rp. 181,500,000 and BPJS Health of Rp. 79,800,000. In terms of human resources, there are 1,108 health workers in the field, consisting of the doctor in charge of LASERKU at 32 health centers in Lamongan Regency, the person in charge of LASERKU at 32 health centers in Lamongan Regency, village midwives at 32 health centers in Lamongan Regency, and village nurses at 32 health centers in Lamongan Regency, including 11 people from the health office, starting from the Head of the Health Office, Secretary of the Office, Head of Division, Head of Section and staff in the Primary Health Care Section. Third, related to disposition, that the disposition of the implementor shows an attitude that has a strong commitment in implementing the LASERKU policy. Various attitudes of commitment are shown by making SOPs as guidelines in the implementation of visit services provided to the community.

Furthermore, the implementer also measures satisfaction with the services provided, this is a measure of the effectiveness of the services provided and shows the level of quality

that has been felt by the community. In addition, it is also an evaluation material in policy improvement. Implementors also in implementing the LASERKU policy also conduct periodic evaluations through the LASERKU rembug by involving various stakeholders. As a result, the LASERKU policy not only provides positive benefits in health services that are closer to vulnerable family groups, but is also able to contribute to improving the socio-economic aspects of the community, especially related to the burden of expenses. Fourth, related to the bureaucratic structure, the implementors of the Laserku policy have been determined by the people involved in and authorized to implement LASERKU through the Regent's decree. Among those involved are the Head of the Health Office as the Person in Charge, the Secretary of the Health Office as the Chief implementer of the LASERKU policy with the assistance of his deputy chairman is the head of the Health Services Division of the Health Office. The Health Services Division is included in the core team where the Head of the Division of staff is involved as a member. In the composition of the members, a secretariat was also formed, chaired by the staff of the Primary Health Care Section. In addition to the secretariat, there is also a program management group chaired by all Heads of Puskesmas in Lamongan Regency with members namely Programmers, Village Midwives, and Nurses in Lamongan Regency. The authority given to the members that have been formed includes 1) forming the Puskesmas Home Care Service (HCS) Team; 2) collecting community data; 3) conducting visits to targets and sticking Home Care Service (HCS) stickers; 4) identifying health and non-health problems; 5) conducting examinations related to the problems found, treatment and education on an ongoing basis; 6) making referrals to FKTP/FKTL if necessary; 7) submitting non-health problems to the relevant Dinas; 8) evaluating target data every month from the Sub-district Home Care Service (HCS) Team; 9) evaluating reports on the results of home visit activities from the Sub-district Home Care Service (HCS) Team.

The implementation of the LASERKU policy is also driven by strong collaboration between stakeholders. Various important stakeholders are involved in jointly providing a role in improving community welfare not only in the context of health services but also the socioeconomic community. The results of the collaboration showed that a total of 783 families (100%) and further intervention in the form of health services amounted to 737 families (94.12%), further increasing in 2022 the initial intervention amounted to 1850 families (100%) and further intervention in the form of health services amounted to 1816 (98.16%). In May 2023, the initial intervention increased sharply to 2001 families (100%) and the follow-up intervention in the form of health services to 1976 families (98.70%). Interventions by the District TP-PKK, BAZNAZ, CSR foodstuffs amounted to 1211 families, cash 363 families, health support equipment 121 families. Intervention by the Office of Public Housing and Settlement Areas, through the improvement of RTLH environment as many as 21 houses out of 318 houses. Intervention by the Social Affairs Office, through the provision of PBI Healthy Indonesia Cards to 570 families or a total of 2,280 people who have become BPJS Health participants. The success in the implementation of collaboration is inseparable from several dimensions that encourage collaboration as described by Emerson and Nabatci (2012) who explain that the integrative framework of collaborative governance in three multilevel dimensions, namely system context, collaborative governance regime, and collaborative dynamics.

The system context dimension represents several elements such as political, legal, socio-economic, and environmental dynamics that will further influence each other with the

collaborative governance regime (CGR). System context will generate opportunities and challenges and can influence the CGR dimension both at the beginning and end of the collaboration. From this system context, there are also drivers why collaboration is carried out. The driver elements include leadership, consequential incentives, interdependence, and uncertainty. The next dimension is the collaborative governance regime (CGR) which embodies the core of the collaboration process, namely the dynamics and activities of collaboration. Overall, the dynamics and activities of this collaboration will shape the extent to which the quality and effectiveness of collaboration is carried out. Finally, the collaborative dynamics dimension has three important elements of the collaboration process which include principled engagement, shared motivation, and joint capacity. These three elements interact with each other interactively and iteratively in order to encourage collaborative activities and steps to achieve common goals and agreements.

Through policy implementation as well as good policy collaboration, the LASERKU Policy in Lamongan Regency is able to provide various positive results for the welfare of the community, including the survey of service satisfaction rates for the LASERKU innovation target in 2021 of 81.72 and in 2022 a sharp increase of 87.68. The increase in Life Expectancy from the beginning of the program year 72.40 to 72.84 increased by (+0.46). In addition, expenses related to health services, including home care costs, medicines, consumables and laboratories before the LASERKU Innovation amounted to Rp. 2,280,000 / person per year after the LASERKU Innovation became Rp. 0 or FREE.

CONCLUSION

Based on the results of the research, the effectiveness of the Laserku Priority Program in Lamongan Regency has achieved some success in improving the health and welfare of the community seen from 4 aspects, among others:

- a) Good communication patterns between stakeholders towards increasing access to health services and public knowledge about healthy lifestyles. communication of the Lamongan Sehat policy starts from the initial declaration carried out by the Regent directly followed by communication within the regional apparatus as policy implementers. Communication is also carried out to the community as beneficiaries of the Lamongan Sehat policy. the communication process carried out all information and the scope of the Lamongan Sehat policy is conveyed in a detailed, clear and consistent manner.
- b) The implementation of the LASERKU policy in Lamongan Regency has been supported by comprehensive resources, both budget and human resources. The implementation of the LASERKU program will run effectively and efficiently if this policy is supported by the availability of both human and budgetary resources.
- c) Strong attitude and commitment of regional heads and related stakeholders in implementing the LASERKU policy. Various attitudes of commitment are shown by making SOPs as guidelines in the implementation of visit services provided to the community.
- d) A strong bureaucratic structure in implementing the LASERKU policy by providing authority attached to institutional or individual positions / strata as policy implementers. The LASERKU policy implementation team that has been determined by the Lamongan Regent is contained in Regent Decree Number 188/28.1/KEP/413.013.013/2022.

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