



Evaluation of the Implementation of the "Lanny Jaya Sehat" Program in Lanny Jaya Regency in 2021

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Abstract

Background: Through the "Lanny Jaya Sehat" Program, the Lanny Jaya Regency Government is determined to make all of its people healthy. The community can receive all treatments until they are fully recovered or recovered without having to worry about finances. The "Lanny Jaya Sehat" Program has been in place for nearly three years, and while many people have benefited from it, there are still some challenges in its implementation and planning. **Objectives:** The purpose of this study is to explore the inputs, processes and outputs of the "Lanny Jaya Sehat" program in Lanny Jaya Regency in 2021. **Methods:** This study uses a qualitative design with a case study design, where researchers want to dig deeper into the implementation of the "Lanny Jaya Sehat" program. **Result:** This study discovered that the input in the "Lanny Jaya Sehat" program was very good, that complaints about human resources in 2020 were corrected by a change in management in 2021, that the number of budget sources in 2020 is special allocation fund (DAK) and community contribution fund, but that in 2021 only uses one budget source, namely community contributions fund, that the process was carried out in accordance with existing mechanisms, and that the output found is an increase in patient visits from 2020 to 4 times in 2021. **Conclusion:** The evaluation of input, process, and output has been going well, and an evaluation is performed every year to correct any deficiencies that arise.

Keywords: Lanny Jaya Sehat; Evaluation; Input; Process; Output.

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1. Introduction

The WHO definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. Health is the most basic right of every human being, regardless of race, religion, politics, and socio-economic conditions. The Indonesian Ministry of Health has its own definition of healthy and fit. According to Law Number 36 of 2009 concerning Health, healthy is a healthy state both physically, mentally, spiritually, and socially that allows everyone to live socially and economically productive [1]. The Indonesian government has stated that health is a right guaranteed to all Indonesians under the 1945 Constitution. Based on the state's obligations, the government has provided a large budget for improving health status, and the government has implemented many programs such as national health insurance for the poor, the Family Hope program, the Complete Immunization program, and so on, though in practice it is not as simple as the theory and concept that has been designed.

The Indonesian Ministry of Health (Kemenkes) has set the theme "Healthy Living Community, Strong Indonesia" for the 52nd National Health Day (HKN) in 2016. As a manifestation of the Healthy Indonesia Program with an Approach Family, this theme was chosen. Many countries practice basic health care, also known as primary health care. The Healthy Indonesia Program is one of the programs included in the fifth Nawa Cita agenda, which seeks to improve the quality of life in Indonesia. Other sectoral programs, such as the Smart Indonesia Program, the Indonesia Work Program, and the Prosperous Indonesia Program, are also supporting this program [2].

To improve a country's health, the central and local governments collaborate, particularly when it comes to budgeting a program. The burden of improving health status is not entirely borne by the central government; the budget for accelerating progress toward improving health status also includes the use of regional budgets, given the large amount of funds required to create a healthy society. Lanny Jaya Sehat, Lanny Jaya Smart, and Lanny Jaya Mandiri are three major programs that the Lanny Jaya Regency government has implemented and is currently implementing.

The Lanny Jaya Regency Government is dedicated to making all of its citizens healthy through the "Lanny Jaya Sehat" Program. The community can access all treatments until they are fully recovered or recovered without having to worry about financing because the government has covered all health costs regardless of social class or service received.

The head of the Lanny Jaya Regency health office directs the Lanny Jaya Sehat program by appointing several work teams in each work area or patient referral location. Patients referred by Public Health Center officers in each area of Lanny Jaya will be examined at the Regency Hospital before being referred to areas that are capable of providing treatment for patients. Wamena is the closest reference point, followed by Jayapura, Makassar, and Jakarta. Large cases, such as cancer, can be referred to Makassar or Jakarta directly. If the patient is still declared capable of recovering with treatment in Makassar, the patient is only referred to Makassar; however, if it is determined that treatment cannot be provided in Makassar, the patient is immediately referred to Jakarta.

The Lanny Jaya Sehat Program has been in place for nearly three years, and while many people have benefited from it, there are still some challenges in its implementation and planning. Many officers face constraints that come from within the community, such as the community's continued faith in shamans. Many severe cases have been discovered by health center workers that should receive immediate medical attention, but people prefer traditional healer treatment at first, which is very difficult for health workers and is the cause of many patients who are not helped due to being late in accessing medical treatment and how much the patient is disabled if they are saved.

The aforementioned cases will almost certainly have a negative impact on the Lanny Jaya community's growth and progress. Society becomes unproductive, children grow and develop inadvertently, and this can interfere with children's growth and development. In addition to cultural factors, the Covid-19 pandemic situation has become an impediment to patients receiving immediate assistance. Patients in critical conditions who require professional treatment are better served by being referred outside of Papua; however, due to the pandemic, some cases are delayed in receiving assistance; and even if they reach a referral hospital, patients with non-Covid 19 diseases will not receive priority services.

The current pandemic situation has hampered officer performance, movement of officers and patients has been restricted, and public trust in hospitals has declined in the community. People will prefer to seek treatment on their own because they are concerned that if they go to a hospital for an examination, they will be tested for Covid-19 status and declared positive even if they do not have symptoms. The positive status of COVID-19, which creates a negative stigma in the community, has resulted in a decrease in hospital visits.

According to the annual report of the Lanny Jaya Sehat working group (POKJA) in 2021, 253 people were sent or referred outside the Regency for additional assistance. This figure does not include people who participate in the district's Lanny Jaya Sehat program. Researchers will only be able to access this annual data in 2021 because the previous year's data records are no longer available or are difficult to find due to management changes.

Changes in management are implemented when obstacles in the field are discovered, such as officers who do not work optimally, misappropriation of program funds, and other factors that interfere with the program. This change has undoubtedly affected the working relationship, as well as the program reports that the previous officer had. Furthermore, when management changes, communication between officers is disrupted. Some of these factors are closely related to personnel resources, financing, reporting, or records, which can be caused by ineffective planning and supervision. Because of the numerous benefits that the Lanny Jaya Sehat program can provide, researchers are interested in evaluating it.

2. Methods

This study employs a qualitative design with a case study design, allowing researchers to delve deeper into the Lanny Jaya Sehat program's implementation. This qualitative study was designed so that each informant could provide an in-depth, comprehensive, and broad response about the implementation of the Lanny Jaya Sehat program.

POKJA officers (Working Group) for the Lanny Jaya Sehat program and representative officers in each representative area of the Lanny Jaya Sehat program, namely Tiom, Wamena, Jayapura, Makassar, and Jakarta, served as informants in this study. The study's main informants were six people, three of whom had completed S2 and three of whom had completed S1. There are four men and two women. In this study, there were 6 supporting informants: 5 patients who had received treatment and one program supervisor.

The instrument in this research is the researcher himself which is equipped with tools, such as: interview recorder (audio and audio visual), interview guide, field notes.

The following methods were used to collect data for this study: 1. Primary Data: In-depth interview is one method of collecting data or information by directly meeting the informants; and Passive Participatory Observation is a data collection method used to collect research data through observation and sensing, in which the researcher visits the research site but is not involved in the activity; 2. Secondary data as supporting data is done through document review. The document examined by the researcher is the annual report of the Lany Jaya Sehat working group.

A qualitative approach to data analysis employs Thematic Analysis, which is data analysis carried out by focusing on themes that can be concluded from information obtained during in-depth interviews. Data analysis activities include data reduction, data presentation, and drawing conclusions and verification.

3. Results

3.1. Input

3.1.1. Financing

According to informants in this study, the patient incurred no costs for treatment, transportation, or housing until the cost of death:

"There have been no public complaints about the hospital's financing so far." The costs incurred range from the flight to transportation to hospital admission, and all examinations are covered by the Lanny Jaya Sehat program until the cost of death" (FDD).

The informant's statement above is confirmed by the patient who has used the Lanny Jaya Sehat program.

"Before we came to Makassar, we were swabbed by Lani Jaya Sehat, as well as for the matter of tickets from Jayapura to Makassar and medical expenses, all costs were borne by Lanni Jaya Sehat, for meals are also borne, we don't use personal money, the hospital fees are very expensive." (RWK)

3.1.2. Human Resources (HR)

Informants in the study stated that the performance of the Lanny Jaya Sehat program officers was very good, although there were still a few problems found:

"As long as we carry out our responsibilities, we see that the officers are very good at providing health services to the community; for the Tiom Hospital staff, the only issue is the administration staff; all health workers are very complete." (NTH)

The same thing was also expressed by another informant regarding the constraints in the human resources of this program officer, but now changes have been made:

"Previously, there were complaints about the health workers themselves, which were conveyed by the community who used Lanny Jaya Sehat's services. However, following the evaluation, there have been no complaints from the public in each of the existing representatives for the staff; it is currently evenly distributed in each region, but it also needs to be added in several areas, such as Jayapura and Wamena." (NPP)

The main informants in this study stated that they were very satisfied with the services provided by the officers during their treatment:

"There, the nurses and specialist doctors are very comprehensive, and the handling is very quick, and I am served very friendly by the officers and always directed." (DSS)

3.1.3. Infrastructure

Informants in this study stated that the current facilities for services, both shelter homes and operational cars for the Lanny Jaya Sehat program are very good:

"The halfway house has been extremely beneficial to Jakarta representatives." The vehicle has been provided in a very good condition. We have provided as much as possible for the halfway house, and even if there is overcrowding, we will provide a location close to the representative shelter. There are private vehicles as well as ambulances when it comes to vehicles." (ATH)

This statement is reinforced by supporting informants who have experienced the benefits of the facilities available at regional representatives:

"For service facilities, all facilities are complete and comfortable, and delivery vehicles are more than adequate." (RWK)

"And the accommodations in Makassar are very nice and comfortable, and the vehicles used are very good and very decent, and the vehicles used from Wamena to Makassar are very nice and comfortable." (GWD)

3.2. Process

3.2.1. Planning

According to informants in this study, a program evaluation is held each year to prepare a work plan for the following year:

"During what we participate in every year, there is an evaluation for operational arrangements ranging from the cost of renting a house to transportation to referrals, and the process is an annual evaluation, and those involved in this planning begin with the Working Group, the regent, and all representatives are involved." (NTH)

The informant also stated that the program team has a planning document that is carried out annually:

"There are documents, such as photo reports, that are all saved." The health office, BPMK, and Bapeda are all involved in the planning, as are those who support the Secretary of State and Assistant." (ATH)

3.2.2. Organizing

Informants in this study stated that the organizational structure of the Lanny Jaya Sehat program was headed by a monitoring and controlling team, namely the SEKDA directly:

"For the Lanny Jaya Sehat program, there is a monitoring and controlling team, in this case the Secretary of State, after that the POKJA team the Lanny Jaya Sehat, under the leadership of representatives and specialist doctors and nurses. Everything is provided at each representative and referral hospital and is accompanied by representatives of administrative staff." (DLK)

The informant also stated that this organization was structured based on its needs, and if there is something that needs to be evaluated in the organization, then there will be a change or rolling of officers:

"For the organizational structure in Makassar, all from the health sector. As for those who are not directly in the health sector, they are assigned to the administration. For the Lanny Jaya Sehat program, the Makassar representatives have been replaced twice and several officers have also undergone changes, all the replacement processes are directly supervised by the Working Group." (TMI)

3.2.3. Supervision

Informants in this study stated that the supervisory function had been carried out in every organizational structure:

"The working group team immediately intervened in each hospital representative for supervision." The team is already up and running, and we're conducting evaluations in each hospital's representative area. Patient visits were lacking in the early years, but we are now collaborating with community nutrition and collaborating in all lines of public health. So, instead of waiting, we are pursuing and looking for disease problems in the community, and we are strengthening it through field visits, which include directly visiting people's homes and socializing about healthy living to the community. We bear all of society's chronic diseases, and in the socialization section, we will exacerbate them." (DLK)

The informant also stated that daily supervision is carried out in the program group through the WhatsApp

group:

"For the surveillance system for the Lanny Jaya Sehat program, there is a group to monitor patient activities and there is also a direct visit from Bapeda. For us, the representatives of the Lanny Jaya Sehat in Makassar, we are here to go directly to each other for patient monitoring." (TMI)

3.3. Output

Based on the results of the document review conducted by the researcher, the program output was found based on the table below:

Table 1: The output of the Lanny Jaya Sehat program in 2020 and 2021.

| Item | Year 2020 | Year 2021 |
|----------------------|--|--|
| Financing | Two sources: Special Allocation Fund (DAK), and Community Contribution Fund (Rp.100,000)/head | Community Contribution Fund (Rp.150,000)/head |
| Human Resources (HR) | 31 people | 32 people |
| Infrastructure | <ul style="list-style-type: none"> • Operating car in representative Jakarta, Makassar, Jayapura, and Wamena; • No car operations in Tiom, patients delivered using hospital ambulance; • Ambulance from hospital | <ul style="list-style-type: none"> • Operating car in representative Jakarta, Makassar, Jayapura, and Wamena; • No car operations in Tiom, patients delivered using hospital ambulance; • Ambulance from hospital |
| Number of patients | <ul style="list-style-type: none"> • 525 patients have received treatment; • 18 people died | <ul style="list-style-type: none"> • 1350 patients have received treatment; • 71 people died |

4. Discussion

4.1. Evaluation of the Lanny Jaya Sehat Program Input

4.1.1. Financing

The Lanny Jaya Sehat program has been running for four years and was created by the current Regent of the Lanny Jaya Regency. Previously, this program used two budget sources in its implementation: DAK funds and funds derived from community contributions. This contribution fund is paid monthly by the head of the family in the amount of Rp. 100,000 in 2018-2020, increasing to Rp. 150,000 in 2021 due to the elimination of DAK from the Lanny Jaya Sehat program budget.

Every year, the budget for the Lanny Jaya Sehat program is not fully utilized. This is due to the fact that the number of patients receiving treatment is insufficient, as there are still many people who do not want to seek treatment. People are afraid of going to the hospital because the high fees will prevent them from going. In addition to the direct medical cost factor, transportation costs are also a burden for the community, particularly those in remote areas, where they need time to spend the night in the capital if they have to check themselves at the hospital, these things become a concern for the community if they have to visit the hospital to get medical help, so the number of patients is still lacking in the previous year.

Following the POKJA fund's or the Health Office's intensive socialization efforts to the community on all community activities, the community became more aware and willing to check themselves in the hospital without worrying about the costs that would be incurred. This will undoubtedly make it easier to assist and locate cases in the community, particularly cancer cases, which can be detected as early as possible if people seek treatment more frequently.

The number of people seeking treatment at the hospital will almost certainly consume a larger portion of the Lanny Jaya Sehat program budget. This will also be used to assess the program's success in the community. The lack of optimal effectiveness and efficiency in the use of the budget remains a problem in Indonesian health financing. These issues typically manifest as a lack of budget allocations, budgets that are not aligned with priorities and budget allocations that prioritize investment in goods and indirect activities. The high allocation of investment spending and indirect activities has a negative impact on the allocation of budgets for operational and direct activities. Meanwhile, the adequacy of operational and direct activity costs determines the success of a program's performance [3].

All the Lanny Jaya Sehat program funds are used for all patients financing, including transportation, medical costs, housing, and eating and drinking for patients while they are undergoing treatment. The Lanny Jaya district is the only one that covers the entire cost of their health insurance. Of course, this will greatly assist the community in improving their health and preventing the occurrence of chronic diseases.

Since regional decentralization, it has been demonstrated that many are unable to allocate health budgets due to limited regional financial capacity. This is reflected in the health budget's minimal allocation, which is sourced from regional original revenue (PAD) and is included in the regional revenue and expenditure budget (APBD). The lack of allocation of the health sector by policymakers who believe it is not a regional priority and is less productive. The allocation of a large health budget to ensure community health services is not the primary determinant of program performance improvement [4].

4.1.2. Human Resources

The appointed officers were a collection of various backgrounds, not only health, at the start of this program, but as the program progressed and various problems that occurred due to human resources that were not in accordance with the health background led to changes in the management structure, and rolling of officers was carried out to create a great work environment that was more effective.

In 2020, POKJA changed officers in several work areas and rolled out officers to create a new environment that would reduce work stress for everyone. POKJA will also increase the number of officers in 2021 as a result of an increase in patients, which creates heavy work pressure in one of the program referral areas.

The implementation of the supplementary feeding program (PMT) for children under the age of five at the Public Health Center necessitates the use of energy. However, in order for it to function properly, the existing health personnel must meet the necessary needs in terms of quantity and quality. Personnel were analyzed based on quantity and quality, as well as educational background, length of employment, and training received [5].

Human Resources, or in this case, the health workers on duty, should be health workers who understand their duties and responsibilities in meeting all of a patient's medical needs. If there are complaints about the officers' services, the POKJA and program officials will issue a warning to the officers, and if there are still complaints, they will be dismissed from their duties and returned to their previous duties in Lanny Jaya Regency.

4.1.3. Infrastructures

The Lanny Jaya Sehat program covers all patient transportation and patient shelter costs, allowing program officers to provide operational vehicles used to transport outpatients for control to the hospital and/or patients to the airport if they are referred patients. In the case of an emergency, the hospital will dispatch an ambulance to pick up the patient at the airport or at the referral hospital.

During the Lanny Jaya Sehat program's implementation, operational vehicles are already in place, and if a vehicle is deemed unfit, it will be replaced. For ambulances that sometimes charge exorbitant fees, an evaluation is performed to determine whether they should use their own program ambulance or an ambulance at Tiom Hospital to deliver to Wamena.

The Lanny Jaya Sehat program also bears the cost of the boarding house, therefore the officers provide a proper and sufficient shelter to accommodate the patient. In 2020 several shelter homes in each regional representative have been replaced because in 2021 there will be a surge in patients so that they are replaced with larger shelters so that patients still feel comfortable even though there are many patients inside.

According to Health Law No. 23/1992, health supplies are all materials and equipment used in the context of implementing health efforts. Pharmaceutical preparations, medical devices, and other supplies are examples of tools and materials [6].

4.2. Evaluation of the Lanny Jaya Sehat Program Process

4.2.1. Planning

According to Leavy and Loomba, planning is defined as the process of analyzing and understanding a system, formulating general and specific goals, estimating all capabilities possessed, elaborating all possible work plans that can be carried out to achieve these general and specific goals, analyzing the effectiveness of various alternative plans and selecting one that is considered good, and developing an activity plan completely from the selected plan so that it can be implemented. [7].

After evaluating the program, the Lanny Jaya Sehat program is planned for the end of the current year. The number of patients who visited in 2020 was still very low, so in 2021 the Working Group and the Health Office intensified community socialization about the Lanny Jaya Sehat program. The number of patients will more than quadruple from 2020 to 2021. In addition to planning for changes in officer structure, the focus of program improvement is on facilities for each representative region. Planning is one of the health management functions that the Public Health Center must perform in order to achieve program goals. The purpose of manpower planning is to simply appoint a person in charge or program holder [5].

All records and reports generated during the plan's preparation are archived in the working group archives for future reference in the 2022 evaluation. Although everything has gone according to plan, the limited human resources are a factor in the successful implementation of the Lanny Jaya Sehat program. The Health Office's allocation of the curative health budget is said to have decreased since the era of National Health Insurance (JKN). BPJS Kesehatan focuses on curative services, whereas the Health Office focuses on public health. With the increased allocation of inappropriate utilization, it is hoped that health financing planning will become more focused and in line with the priorities of regional health problems [4].

4.2.2. Organizing

Furthermore, Sarwoto (1991) defines the organizing function as "the entire process, grouping of people, tools, duties, responsibilities, or authority in such a way that it moves towards a common goal." [8] Organizing in the Lanny Jaya Sehat program begins with the creation of a structure based on expertise in the health sector, followed by budget allocation that differs from the district budget in order to facilitate disbursement. Officers who do not carry out their duties in accordance with their functions and responsibilities will be replaced during the Lanny Jaya Sehat program, and there have already been three changes to the management structure in their respective regions. Of course, the Lanny Jaya Sehat program faces many challenges in its implementation because it involves many parties and several agencies outside of health, such as the population service to regulate the legality of the population as a condition for acceptance as a patient of Lanny Jaya Sehat. Because program officers will be held accountable, the large number of different or incorrect data makes their work hampered or more difficult.

4.2.3. Supervision

Of course, there are numerous obstacles within the Lanny Jaya Sehat program. Every day, the Lanny Jaya Sehat program is supervised because the Working Group forms a program group to report on each patient's treatment process in the group. In 2020, supervision is limited to one program group, which causes program officers to feel uneasy if they have to discuss certain topics because the group is directly supervised by the regent of Lanny Jaya Regency. The third function of health management is supervision, control, and evaluation. The implementation of supervision, control, and evaluation is critical in order for the stages of moving the implementation to be carried out in accordance with the plans that have been made [5].

4.3. Evaluation of the Lanny Jaya Sehat Program Output

When compared to 2020, the number of patients using the lanny jaya Sehat program services has increased fourfold in 2021. This is due to the excellent socialization process used to provide the community with an understanding of the program. Despite the fact that there are still many cases of severe and chronic diseases in the community that are too late to receive medical attention.

Product evaluation is an assessment performed to determine a program's achievement/success in meeting predetermined goals. Product evaluation also measures and interprets program accomplishments during program implementation and at the program's conclusion. Furthermore, this evaluation is linked to the program's main,

side effects, costs, and benefits [9]. The growing number of patients in 2021 reflects the number of health cases in the community that necessitate medical attention. Furthermore, there are many severe cases, such as cancer that is discovered at a late stage. If these severe cases are detected early, the risk in these cases is reduced.

5. Conclusion

1. The input for the Lanny Jaya Sehat program has changed for the better since 2020, with sufficient budget allocations, more human resources, and better facilities;
2. The process of the Lanny Jaya Sehat program has been running very well, beginning with daily planning, organizing, and monitoring;
3. The output of the Lanny Jaya Sehat program results in a fourfold increase in the number of patients in 2021 compared to 2020.

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