

## Evaluation of the Healthy and Fit Prison Program (LASEGAR) in an effort to provide health services to Class IIB prisoners Sukabumi City

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### Abstract

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This study evaluates the Lapas Sehat dan Bugar (LASEGAR) program in an effort to provide health services to prisoners in Class IIB Correctional Institution of Sukabumi City. The phenomenon of the problem raised is the complexity of bureaucracy, limited resources, and the low quality of health services in prison. The purpose of this study was to assess the effectiveness of the LASEGAR program in improving health services for prisoners. The research method used is qualitative with a descriptive approach, involving observation, interviews, and document analysis. The main informants included the Head of Puskesmas Pabuaran, the Head of Class IIB Correctional Facility of Sukabumi City, and prisoners as program recipients. The results showed that the LASEGAR program successfully increased the coverage of health services, including Covid-19 vaccination (86%), NCD screening (78%), and HIV screening (30%). The evaluation also showed that the program had a positive impact in terms of reducing the spread of diseases in prisons and increasing prisoners' satisfaction with health services. However, the study also found that limited human resources and funds are still an obstacle in the implementation of the program. In conclusion, the LASEGAR program is effective in improving the quality of health services in prisons, but increased resources are needed for program sustainability.

**Keywords:** Evaluation, Lapas Sehat dan Bugar (LASEGAR), health services, prison inmates

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## INTRODUCTION

In recent decades, many countries have implemented various policies to address social, economic and environmental issues. However, the success of such policies often varies depending on the implementation context, policy design, and stakeholder engagement. For this reason, the Government of the Republic of Indonesia made a policy, namely on fostering public service innovation services which is regulated in Regulation of the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 91 of 2021 concerning fostering Public Service Innovation . The regulation states that it is necessary to accelerate the improvement of the quality and performance of public services through public service innovation in order to meet public expectations.

Then from the many visible public problems, the problem of health services is something that needs to be considered by the government, providing rights to the community must be carried out without exception. All Indonesian people are entitled to receive services in accordance with the legislation. As the definition of public services according to Law No. 25 of 2009 is an activity or series

of activities provided by public service providers in order to fulfill service needs based on laws and regulations for every citizen and resident for goods, services and administrative services.

There are so many problems in terms of public services that become obstacles to services in the field. Health service policy covers various aspects related to how the health system of a country or region is organized and managed to ensure that health services are available, effective, and affordable for everyone.

Of the many public service problems that are most commonly found in health services, namely bureaucratic complexity, convoluted administrative processes and inefficiency often slow down public services, resulting in longer time to process documents and obtain certain services. Furthermore, many government agencies face limited human and financial resources that can reduce service quality. This is mostly found in local government areas (Sellang et al, 2022).

To overcome these problems, comprehensive reforms are needed in the form of innovation programs. This awareness of innovation is marked by the issuance of Law N0. 23 of 2014 concerning local governments which provides opportunities for local governments to innovate and innovations are made in the form of service programs. Programs implemented by the government, non-governmental organizations, and the private sector are designed to achieve specific goals related to improving social, economic, and environmental welfare.

The existence of problems in public services in the health sector requires a program that is expected to be able to overcome these problems, therefore the Sukabumi city government seeks to optimize health services equally to all people of Sukabumi city without exception. Then one of the first-level health units created a health service that was contained in a program namely healthy and fit prison (LASEGAR).

Lasegar or Lapas Sehat Dan Bugar is an innovation from UPTD Puskesmas Pabuaran of Sukabumi City Health Office. The concept of this innovation is collaboration and partnership between Sukabumi Correctional Institution, Sukabumi City Correctional Clinic and UPTD Puskesmas Pabuaran in controlling health problems in Sukabumi City Correctional Institution where health is a basic right that must be owned by every citizen without exception as mandated in the 1945 Constitution. In addition to overcoming health problems for prisoners, Lasegar's innovation also ensures that prison officers without exception have the same rights in accessing health services.

The LASEGAR program itself is a program created by the Pabuaran Health Center since January 2020. Proven by the issuance of the Decree of the Head of the Sukabumi City Health Office Number 12 of 2020 concerning the Innovation of UPTD Puskesmas Pabuaran, this health service has now been running for 4 (four) years. The following is the impact of the Lasegar program on services to prisoners in class IIB prisons in Sukabumi City.

**Table 1. Implementation of program results**

<b>Performance Indicator Name</b>	<b>Achievement Before Innovation</b>	<b>Outcomes After Innovation</b>
Coverage of Covid-19 Vaccination Services	0	86%
Coverage of NCD Screening Services	0	78%

TB Screening Coverage	0	60%
HIV Screening Coverage	0	30%
Coverage of Health Counseling in Government Institutions	0	2 Times/Month
TTU Examination Coverage	0	2 Times/Year
Scope of Counseling for Mental Problems	0	1 Time/Month
Coverage of Nutrition Counseling and Therapy	0	1 Time/Month
Coverage of Counseling/Reproductive Counseling	0	2 Times/Year

(Source: Researcher 2024)

This program is a form of government concern for the community, namely prisoners. The Lasegar program aims to optimize health services to the entire community without exception and without discrimination because everyone has the right to be served as stated in Law Number 12 of 1995 Article 14 concerning Correctional Rights that in essence Prisoners as human beings and human resources must be treated properly and humanely in an integrated coaching system.

However, the effectiveness of these programs cannot always be ascertained without a systematic and comprehensive evaluation. Program evaluation is an important need in an effort to understand the extent to which program objectives have been achieved, as well as to identify factors that influence the success or failure of a program.

To determine whether the program is successful, it is necessary to evaluate it by looking at the objectives of the program, whether it can be carried out and can have an impact on objects that are in direct contact with the program. Thus, it is necessary to evaluate the Lasegar program and there must also be a follow-up to the Pabuaran Puskesmas that created the program, so that the program can be useful and sustainable in the quality of existing public services so that the community can get services in accordance with regulations.

Based on the above background, the researcher is interested in conducting a study entitled " **Evaluation of the Healthy and Fit Correctional Facility Program (LASEGAR) in Health Services Efforts for Prisoners of Class IIB Correctional Facility, Sukabumi City** " In this study, we are guided by four indicators in the evaluation process as stated by Bridgman and Davis in (2000: 76). These indicators include:

- a. Input Indicator
- b. Process Indicator
- c. Output Indicator
- d. Outcome Indicator

By conducting an evaluation of this policy, it is hoped that it can provide valuable insights for policymakers, researchers, and other stakeholders in an effort to improve the overall effectiveness of public policy.

## RESEARCH METHOD

To achieve the research objectives and find out how to evaluate the LAPAS Sehat Dan Bugar (LASEGAR) innovation program in health service efforts for prisoners of class IIB LAPAS Kota Sukabumi, researchers use methods and

various ways to obtain the information and data needed. The research method used in this research plan is qualitative research method (Creswell, 2016: 4-5). To collect the required data, researchers asked questions to informants and collected data which were then analyzed and interpreted using a descriptive approach. In this study, the unit of analysis was the Head of Pabuaran Health Center, Head of Class IIB Correctional Institution of Sukabumi City, Head of Innovation and Planning sub-sector of Sukabumi City Bappeda, and to validate the informants, the researcher chose the prisoners to be informants as program recipients. In determining informants in this research proposal using *Snowball Sampling* technique which is a *non-probability* sampling technique, where this technique does not provide equal opportunities or opportunities for data sources.

The data collection techniques used in this research are observation, interviews, and documentation. Validation is an effort to check the truth of the results of research conducted by researchers through data that has been collected and will be analyzed to be used as material for drawing conclusions. Then the researcher will validate the data studied using triangulation. In this study, the data analysis technique used is using analysis steps that refer to the Miles and Huberman model (2014: 16-19), namely data reduction, data presentation, and drawing conclusions/verification.

## **RESEARCH RESULTS AND DISCUSSION**

### **Research Results**

In this stage, the researcher presents the results of interviews conducted with informants who refer to the Evaluation model according to Bridgman & Davis (2000) Public policy evaluation measurements generally refer to four main indicators, namely: (1) input indicators, (2) process indicators, (3) outputs indicators and (4) outcomes indicators. besides that, it is also supported by the Decree of the Head of the Sukabumi City Health Office No.12 of 2022 concerning the Innovation of UPTD Puskesmas Sukabumi City. The following are the results of the explanation of the results of the research that researchers conducted:

According to Bridgman and Davis (2000: 130), input indicators in the evaluation of a program focus on assessing whether supporting resources and raw materials are needed in the implementation of a program. These indicators may include human resources, money or other supporting infrastructure. Input evaluation is important in a variety of contexts, be it in personal, professional or academic decision-making, to ensure that the information used or relied upon meets the desired standards.

In the input evaluation indicator, the researcher asks questions about the background of the formation of the program, the objectives and benefits of the Healthy and Fit Prison program that have been achieved. Informant 1 (one) has an answer, namely the background of the formation of the Lasegar Program is due to limited access to health services with the Lasegar program being easy to access health services, because prisoners or prisoners are not allowed to go in and out of prison in an emergency, therefore the puskesmas health team visits the Sukabumi City Prison to provide health services and counseling to prisoners. This program was legalized in 2020 after a decree was issued by the Sukabumi City Health Office

and an MOU between the Pabuaran Health Center and the Sukabumi City Prison and this program is still running until now.

Then informant 1 explained that the purpose of the Lasegar program is to maximize services to the community including marginalized communities, namely prisoners. Providing easy access to health for prisoners including prison employees to check ptm lab and non-communicable diseases.

Then from the results of these interviews, the researchers compared the findings of the data obtained by the researchers, namely the Lasegar Innovation Activity Report in 2022 in the form of a *soft file*, while the goals and objectives of the Program listed in the document are as follows:

A. Program Objective

1) General Purpose

Health service needs are met for prisoners in Sukabumi City Correctional Facility

2) Specific Objectives

- 1) Fulfillment of basic health rights for prisoners in Sukabumi City Correctional Facility
- 2) Delivery of Health programs to all levels of society.
- 3) Provide easy access to health services for WBP of Sukabumi City Correctional Institution.
- 4) Breaking the chain of infectious and non-communicable diseases.
- 5) Providing a sense of security, comfort and trust to prisoners in analyzing the risk of health problems.

The document also explains the program objectives, while the targets recorded in the Lasegar Innovation report data are as follows:

B. Program Objectives

The target of this Lasegar program is for all prisoners including prison officers. The examinations carried out by the Puskesmas for prisoners are:

1. Direct inspection
2. Health Counseling informs about Health
3. Checks are carried out by means of group dynamics or carried out by interaction between prisoners who have been given counseling
4. Examination with counseling between detainees and health workers of Puskesmas Pabuaran
5. Examination by way of monitoring

Document studies that researchers get to analyze data validate the source of interview information that researchers conduct in the field. From the Lasegar Program Activity report data when compared with the results of the interview, researchers concluded that the results were the same. Thus, from the document study, researchers obtained accurate data and in accordance with the findings of researchers' interviews with informants.

This report book was made by the Pabuaran Health Center and later the report was given to the West Java Provincial Government and the Ministry of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia. However, according to the information from informant 1, the Lasegar Program report for 2023 is still in the process of being prepared so it cannot be *published* yet.

Even Informant 4 also agreed on the Lasegar program which has been running well since 2020 because since the existence of this program the health of prisoners has become more monitored, this is an advantage for the prison considering that the medical staff in the prison is limited while the number of prisoners exceeds the maximum limit of the prison coupled with a limited health budget in the prison if it is to meet a number of health services. For this reason, the Lasegar Program is a useful program for prisoners and vertical institutions such as class IIB prisons in Sukabumi City.

### C. Resources

To support the sustainability of the Lasegar program, there are three aspects: funds, human resources, and regulations. The program funds are facilitated by the Sukabumi City Health Office using BOK (health operational cost) funds. However, there were problems with the supporting factors of this program. The problem is that funds for health services are limited considering the large number of prisoners who require a lot of funds for each examination but are assisted by the budget that the Prison Clinic has provided if there are prisoners who must get more health care. Here is a picture of the details of the BOK funds that the program received in 2022:

RINCIAN PERGESERAN BELANJA SUB KEGIATAN SATUAN KERJA PERANGKAT DAERAH				
Pemerintah Kota Sukabumi Tahun Anggaran 2022				
Urusan	:	1.02 URUSAN PEMERINTAHAN WAJIB YANG BERKAITAN DENGAN PELAYANAN DASAR		
Unit Organisasi	:	1.02.0.00.0.00.01.0000 Dinas Kesehatan		
Sub Unit Organisasi	:	1.02.0.00.0.00.01.0007 Puskesmas Pabuaran		
Program	:	1.02.02 PROGRAM PEMENUHAN UPAYA KESEHATAN PERORANGAN DAN UPAYA KESEHATAN MASYARAKAT		
Kegiatan	:	1.02.02.2.02 Penyediaan Layanan Kesehatan untuk UKM dan UKP Rujukan Tingkat Daerah Kabupaten/Kota		
Sub Kegiatan	:	1.02.02.2.02.25 Pelayanan Kesehatan Penyakit Menular dan Tidak Menular		
Sumber Pendanaan	:	Dana Transfer Khusus - Dana Alokasi Khusus Non Fisik		
Lokasi Kegiatan	:	Kota Sukabumi, Warudoyong, Warudoyong Kota Sukabumi, Warudoyong, Nyomplong		
Waktu Pelaksanaan	:	Januari s.d. Desember		
Kelompok Sasaran	:	Masyarakat, Tenaga Kesehatan		
Jumlah 2021	:	Rp. 0		
Jumlah 2022	:	Rp. 14.365.000		
Jumlah 2023	:	Rp. 0		

Indikator & Tolok Ukur Kinerja Belanja				
Indikator	Sebelum Pergeseran		Setelah Pergeseran	
	Tolak Ukur Kinerja	Target Kinerja	Tolak Ukur Kinerja	Target Kinerja
Capaian Program	Persentase pencapaian program promotif-preventif kesehatan masyarakat	100 Persen	Persentase pencapaian program promotif-preventif kesehatan masyarakat	100 Persen
Masukan	Dana yang dibutuhkan	Rp. 0	Dana yang dibutuhkan	Rp. 14.365.000
			[ - ] Advokasi/sosialisasi/lokakarya/rapat koordinasi Lintas Sektor (LS)/ Lintas Program	

**Image 1. Operational cost data for the Lasegar Health program in 2022**

Source: Bappeda in 2024

This data is in accordance with the results of the researcher's interview with informant 1, but it was not explained in detail because the interview was in the form of a narrative, then the source of information was agreed by informant 2. But the operational costs of this health every year can vary according to needs.

Like the dimensions of the input evaluation from Bridgman & Davis, this indicator focuses on assessing whether the supporting resources and basic materials needed to implement the policy. The second program supporter is human resources. The human resources used for this program are sufficiently fulfilled, besides that the human resources used are also competent and know about health services.

Informants 1 and 2 explained that the human resources in the Lasegar program are sufficient because it is a collaboration between two agencies that make this service program work together in improving the quality of health of the prisoners. The human resources used are people who are experts in their fields, for example for reproductive health checks carried out by health workers such as midwives, if the health environment counseling is carried out by environmental health experts, then if there is counseling on nutrition, it is carried out by nutritionists.

The shortcomings that researchers found in the field are the limited quantity of human resources because if you look at the number of prisoners or detainees in the prison is very much compared to the health team that has been provided because the examination is carried out periodically due to limited human resources.

In the Lasegar Program activity report data, the resources involved in implementing this innovation are approximately 20 people consisting of

1. Activity Implementation Coordinator (PJ UKM and PJ UKP)
2. Communicable Disease Control Team
3. Non-communicable Disease Control Team
4. Covid-19 Handling Team (Surveillance, Data Management and Tracer)
5. Covid-19 Vaccination Team (Minimum consists of P-Care Officer, Screening Officer, Vaccinator, Vaccine Admin Officer, F10 Data Officer)
6. Maternal and Child Health Services Team (Doctors and Midwives)
7. Mental Health Service Coordinator
8. Environmental Health Service Coordinator
9. Community Nutrition Service Coordinator
10. Health Center Laboratory Officer
11. UKGM Service Officers (dr.Gigi and Dental Nurse)

In contrast to previous research that researchers have explained, the majority of health services in prisons both at home and abroad only carry out core services such as only focusing on elderly prisoners, female prisoners, only conducting mental health services and unscheduled. In contrast to the Lasegar program which includes all types of health services in 1 program and is carried out on a scheduled basis.

Based on the program activity report data and the results of interviews that researchers have conducted, it can be interpreted that the Lasegar program is a form of government attention to prisoners, aiming to provide access to health services for prisoners, with this program being useful in improving the quality of life of prisoners.

The objectives in the Lasegar Program services have been running well on target and many benefits have been obtained, especially the benefits received by the Class IIB Correctional Institution of Sukabumi City. Basically, a policy evaluation is intended to assess the success of a policy and provide input on the sustainability of a policy.

Then the source of funding has been provided by the Sukabumi City government with a predetermined nominal, indeed in terms of the budget is always

different for each activity. Then for the human resources needed, it is quite adequate even so in carrying out health services, the human resources are good because they are carried out by professionals and have been prepared directly by the Pabuaran Puskesmas, besides that the Lasegar program is said to be good because the basic materials needed have been realized including in terms of budget even though it is still limited.

As well as making collaboration not only a formality to meet assessment indicators but a form of service to the entire community without any difference with sufficient budget and has been provided to be able to make the program effective. The success of a program must be aligned with each agency to avoid things that are not appropriate because the success of a program can be seen from what is planned with what is done, whether the results obtained correspond to the results of the achievements made.

### **1. Process Evaluation**

Process evaluation is a systematic method or procedure used to assess or evaluate the performance, efficiency, effectiveness, or results of a process. In the context of social science or management, process evaluations are often conducted to understand the extent to which a process has achieved its intended goals or to identify areas where improvements can be made. According to Bridgman and Davis (2000: 130), *process* indicators in evaluating a program focus on programs that have been transformed into direct services to the community. These indicators include aspects of effectiveness and efficiency or methods used to implement a particular program.

To find out the effectiveness and efficiency of a program, researchers conducted interviews and asked questions about how the program service mechanism was provided to the target or target of the program, and informant 1 and informant 2 had similar answers, namely that the service was carried out with predetermined procedures and had been agreed upon by both parties to the agency, this mechanism was in the form of stages that had to be passed both administratively and in service. The service mechanism has several stages, as follows:

#### **A. Program Implementation Mechanism**

##### **1) First Stage**

- a. Establish MOU between Pabuaran Health Center and Correctional Facility and MOU between Pabuaran Health Center and Correctional Facility Clinic.
- b. Gathering the health team that has been prepared by the Pabuaran Health Center in accordance with the service schedule plan if in that month a reproductive examination is planned then the one who will provide services to the residents is the Midwifery Team, as for the health team that has been formed including General Practitioners, nurses, midwives, nutritionists, health analysts, and environmental health teams.

##### **2) Stage two**

Creating a suitable service schedule because the obstacle that occurs in the field is the schedule of the Pabuaran Health Center which sometimes clashes with the Sukabumi City Prison. However, scheduled services are still carried out once a month with service targets determined by the Sukabumi City Prison usually

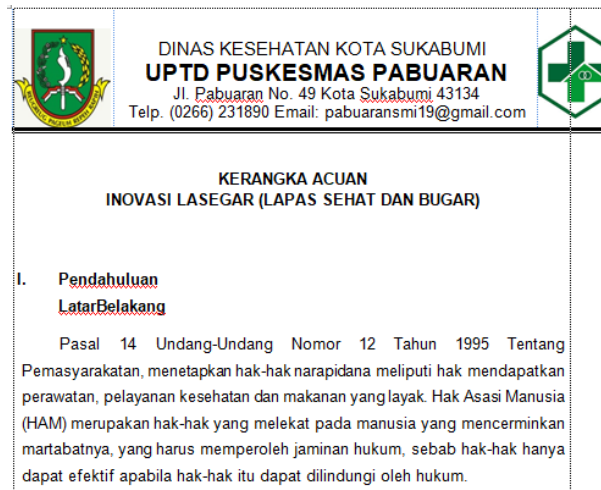


carried out by approximately 60 prisoners while still prioritizing the most emergency such as elderly prisoners, prisoners with complaints, and a history of infectious diseases.

3) Stage three

Every three months an evaluation is carried out with the prison to determine the satisfaction of program services in providing health services to prisoners, this evaluation is also carried out by distributing questionnaire sheets to prisoners and then the results of the questionnaire become evaluation material for the Puskesmas but this assessment is only done occasionally not routinely every 3 months. This is done to determine the success of the program so that it is easy to make decisions.

This is corroborated by the results of the researcher's data findings during observations in the field, namely in the document study of the Terms of Reference for the Lasegar Innovation program, which discusses Lasegar innovation in detail such as the program implementation mechanism, then the researcher matches it with the findings of the interview results and the results state that the information researchers get from informants is the same as the KAK data that has been made by the Pabuaran Puskesmas. The following is a picture of the form of the Terms of Reference document in soft file form:



**Image 2. Terms of Reference Document of Lasegar Program**

Source: Bappeda 2024

B. Program approach

Program approach refers to the ways or strategies used in designing, developing, and implementing programs to achieve specific goals. The program approach usually involves a series of steps or methodologies that are systematically structured to ensure the effectiveness and efficiency of the program.

Informants 1 and 2 agreed that in the Lasegar program approach, there are 2 approaches taken by the Pabuaran Health Center and class IIB prison in Sukabumi City, namely as follows:

1) Organizing

Organizing ideas. The approach used in organizing ideas in the field of public services is *Assets Based Community Driven (ABCD)*. This approach departs from the potential of each individual, the head of the Puskesmas, the Head

of the Correctional Facility, the Sukabumi City Bappeda which is synergized in developing public services. The ABCD approach departs from what has been done by the Puskesmas and Correctional Institution of Sukabumi City and prisoners who come from localities that have been built for a long time, so that it will minimize collisions with theories and regulations on public services (*appreciative inquiry*) (Chalik & Habibullah, 2015: 42-43).

2) Training Aspects

Coaching and mentoring. The approach used is Learning Organization and Change (LOC), where in the process of training, coaching and mentoring as much as possible the fostered residents with the training provided by the Pabuaran Puskesmas so that they can be more responsive in understanding disease complaints so as to make the Pabuaran Puskesmas organization and Class IIB prison institution in Sukabumi city as a place of learning and a source of information.

3) Assessment Aspect

In this aspect of program assessment, there is a questionnaire distributed to prisoners who are in the Sukabumi City class IIB prison. This assessment is only in the form of questions about service satisfaction carried out by the Pabuaran Health Center, this assessment is carried out every 3 months or at most 6 months but every year a questionnaire is always distributed.

To validate this information, the researcher conducted an interview with informant 4, who is the recipient of the program and the results that the researcher got were that the prisoners in the Class IIB Correctional Facility of Sukabumi City were quite satisfied with the health services provided by the Pabuaran Health Center. In accordance with the statements of informants 1 and 2, the obstacle in the field is scheduling which is often not in accordance with the Pabuaran Health Center and the Sukabumi City Class IIB Correctional Facility, informant 4 gave a similar statement that often the service schedule was delayed.

Even though the Lasegar program has been assisted by health workers, it is not enough if they have to carry out a comprehensive examination, so this program in one visit only provides services to a maximum of 60 people who have been determined by the prison. However, the health education provided by the Puskesmas has succeeded in bringing them to be more concerned about health and they get a sense of security and comfort because their health is much more monitored because of the Lasegar program.

Differences are seen, especially in the quality of service in the previous study entitled Evaluation of Health Services for Elderly Prisoners in Class 2II Gersik Detention Center explained that in its implementation with health and human resources being obstacles and challenges in implementing programs, especially in health services, there is still a lack of clean water so that the environment is dirtier and the level of disease spread is easier as well as a lack of human resources, namely medical personnel who are quite difficult to collaborate.

Based on the results of these observations, the researchers can interpret that the process of implementing the health service program for prisoners runs effectively and efficiently, seen from the service mechanisms that have been designed from the beginning of the program to the approach taken by the relevant agencies, resulting in good assessment and maximum satisfaction from all recipients of the Lasegar program services. As for the shortcomings in the schedule

problem, it is not a big problem, this shortcoming can be discussed by the Puskesmas and Correctional Institution.

## 2. Output Evaluation

According to Bridgman and Davis (2000:130), output indicators focus on the results or products that can be produced from the system or program process. This indicator includes how many people successfully participate in the program.

The output of the Lasegar Program is very good as seen from the achievements achieved by this program, namely winning awards as the best innovation at the national level, West Java, and the City level. In 2022 the Lasegar Program won an award as the best innovation program at the national level organized by the Ministry of Administrative Reform and Bureaucratic Reform.

Informant 1 said that the Lasegar Program became a program that was featured by the Sukabumi City Government in the *Innovative Government Award* in 2022. This program was presented directly by the Mayor of Sukabumi at that time and successfully entered the observation stage which was carried out directly by a team that had been prepared by the Kemenpan-RB team.

Then in the same year the Lasegar Program won back the 2nd best Innovation award in the West Java region which was held by the Governor of West Java at that time in the KIJB award event in 2022. Then in 2022-2023 the lasegar program also won an award at the city level, namely as the best innovation in the Sukabumi City area organized by the Sukabumi City BAPPEDA in the Sukabumi City Innovation festival.

Without the role of Litbang BAPPEDA Sukabumi, no matter how good the innovations made by government agencies in Sukabumi will not be validated by the central government if they are not inputted by the facilitator. Informant 1 also agreed with this because every agency is obliged to make innovations as stated in the Minister of Administrative Reform and Bureaucratic Reform Regulation Number 7 of 2021 concerning Public Service Innovation Competitions within Ministries or institutions, Regional Governments, State-Owned Enterprises, and Regional-Owned Enterprises.

The regulation applies throughout Indonesia, including Sukabumi City, government agencies are required to make digital and non-digital innovations and then these innovations must be reported to the Sukabumi City BAPPEDA Research and Development sector. The aim is to report to the central government so that all innovations can be inputted and this is an absolute policy. Here is a picture of researchers conducting an interview with informant 3.

Then the results of researchers' observations in the field show significant results, namely the level of spread of disease in prisons has decreased considerably as evidenced by the data obtained by researchers about the disease data below:

No.	Case/disease	Year 2020	Year 2021	Year 2022
1	Tuberculosis (TB)	3 people	9 people	35 people
2	Human Immunodeficiency Virus (HIV)	6 people	4 people	3 people
3	Scabies	58 people	114 people	93 people
4	Hypertension	2 people	4 people	5 people
5	Diabetes Mellitus (DM)	2 people	4 people	5 people

(Source: Prison Clinic 2022)

From the data table above, every year the diseases in prisons rise and fall, this is explained by informant 2 that prisons cannot control the level of crime. Therefore, prisoners who enter each year will be recorded for their health and most of them bring diseases from outside. Informant 2 emphasized that the spread of this disease is not in prisons but on average congenital from new prisoners, but it is not denied that there is also some spread in prisons.

For this reason, the Puskesmas and Correctional Institution always collaborate to maintain the health of all prisoners and the Prison environment by annually increasing the types of services provided by the puskesmas to maintain its sustainability. The following is a matrix image of the development of types of services from 2019 to 2023 and the development plan for 2023

**Table 2. service type progression matrix**

NO	JENIS PELAYANAN	PENGEMBANGAN LAYANAN				
		2019	2020	2021	2022	2023
1	Inisiasi Inovasi					
2	Pemeriksaan dan Pengobatan TB					
3	Pemeriksaan HIV/AIDS					
4	Pemeriksaan PTM					
5	Pemeriksaan Kesehatan Reproduksi					
6	Pemeriksaan Sanitasi Lingkungan					
7	Promosi Kesehatan					
8	Pemeriksaan Sanitasi Makanan					
9	Konseling Gizi					
10	Konseling Kesehatan Jiwa					
11	Pemeriksaan Covid-19					
12	Vaksinasi Covid-19					
13	Kesehatan Olahraga dan Kesehatan Kerja					
14	Upaya Kesehatan Gigi Masyarakat					

Source: Bappeda 2024

The Lasegar program is planned to be widely adopted by several other agencies throughout Indonesia but with different names and regulations as well as in the previous research that the researcher has explained, namely the Jangmona innovation in class IIA prison Semarang, this research both discusses the health of prisoners in prison but only focuses on women.

Based on the explanation above, researchers can interpret that the output of the Lasegar program brings good results seen from the awards obtained, coupled with the results of researchers' interviews with informant 4 who got good results. Every program that has been made will not run perfectly, there are always obstacles and difficulties in the field, but how the program can survive is a good effort and is able to maintain the regulations that have been agreed upon by both parties to the agency.

### 3. Outcome Evaluation

According to Bridgman and Davis (2000: 130), the outcome indicator focuses on the impact received by the general public or agencies that are in direct contact with the program.

#### A. Government response to the Lasegar Program

In the outcome of the Lasegar program so far, the Sukabumi City government continues to support the Lasegar program, but there are problems such as the lack of government attention in additional budgeting issues. Another problem that researchers found in the previous administration of the mayor of Sukabumi was that the Lasegar program was indeed a program of pride and was known by the Sukabumi City Government but over time the policy of changing positions could not be avoided, so the Lasegar program has slightly diminished in popularity since the change of leadership as well as its form of attention. However, in the previous government, Sukabumi City provided an ambulance specifically for residents when there was an emergency that required residents to be taken to the Regional General Hospital.

A common problem that has been normalized throughout Indonesia is that almost all prisons in Indonesia have full capacity. This is something that needs to be considered by the government because this *over capacity* can affect the sustainability of the program because the denser the occupancy the easier the spread of disease, given the limited health workers and limited land in the prison.

Based on the description above, researchers can interpret that the response from the government is quite good in supporting the success of the program, but it needs to be improved so that the Lasegar program becomes a sustainable program. If there is good collaboration between related agencies, researchers believe this program will be a better program in the future.

#### B. Response of prisoners to the Lasegar Program

After researchers conducted direct interviews with prisoners at the Sukabumi City Correctional Facility, they already knew about the Lasegar program from the beginning of their entry as prisoners, because the Lasegar program provides services to prisoners and detainees, usually new prisoners are always carried out health screening when they first enter the prison, there are problems that researchers found that screening cannot be done directly by the Puskesmas because of the busy schedules of the two agencies that often collide. However, the prison has also provided health screening which is indeed a policy that has been made by the prison but is only limited to collecting disease data.

If you want to do a complete examination such as an examination of infectious and non-communicable diseases, you usually wait for the Pabuaran Health Center to come to visit, provided that the schedules of the two agencies have matched each other's schedules. Usually prisoners are prioritized to get examined first to prevent the spread of diseases brought from outside.

But so far the Lasegar program has been well received by prisoners, no one is against the program, all prisoners are always enthusiastic to check their health. Prisoners benefit directly from this program even though the prison has provided a clinic, but this program helps prisoners to better maintain their health.

Coaching conducted by the Pabuaran Community Health Center and Sukabumi City Correctional Facility is able to make prisoners more concerned about health, especially dangerous diseases such as HIV / AIDS, TB, and so on because the association out there prisoners do not know whether they have these dangerous diseases or not. With the Lasegar program, the health of prisoners is more monitored, including the provision of drugs for HIV/AIDS sufferers provided

by the Pabuaran Health Center, which can streamline the budget for medicines considering the price of these drugs is not cheap and must be consumed for life.

With this Lasegar program, the prisoners get a sense of security and comfort because their health is monitored, get a briefing on health, especially the prisoners who are used as health cadres, a more awake environment as well as adequate nutrition. This is what makes all the prisoners enthusiastic when doing health checks.

## CONCLUSIONS

Based on the results of the research and evaluation conducted, it can be concluded that the Lasegar program has shown good performance, although there are still some shortcomings that need to be corrected. In the input aspect of the program, the goals and objectives of this program, which are focused on service to marginalized communities, are considered appropriate and worth continuing. The goals and benefits of the program have also been well achieved, especially in improving health services for prisoners at the Class IIB Correctional Facility in Sukabumi City. However, related to program resources, it was found that the number of human resources was still insufficient when compared to the number of prisoners who needed services. In addition, although funds from the Health Office and prisons are sufficient to run this program, there is a need for additional budgets to support services and treatment for prisoners with serious illnesses. The regulations used in this program are good enough, but still require additional regulations that are more specific. In the program process, the implementation mechanism is considered to have gone well, but it is recommended to increase human resources and funding so that the program can be more optimal. The approach used has also been in accordance with the needs of the program.

In the assessment aspect, the Lasegar program has used the right indicators so that it deserves good appreciation. The program output shows positive results, as evidenced by the success of this program in reducing the level of disease spread and obtaining three awards from the national to the City level. In the outcome of the program, the positive impact resulting from this innovation is the improvement of the quality of life of prison residents, who previously had unidentified morbidity data, now have been recorded and began to be intervened according to their needs. Through the Lasegar innovation, access to health services for prison officers and prisoners is easier, higher quality, equal, equitable, and free from discrimination. The success of this program is also inseparable from the support of all related agencies.

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