

Research Article

Creativity of Local Government Apparatus in Health Development for the Elderly and People with Disabilities in East Lombok and Serang Regencies

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Abstract.

This study aims to analyze the creativity of local government officials in developing health services for the elderly and people with disabilities in rural areas of East Lombok Regency and Serang Regency. The research design uses a multiple case study approach to explore health programs in both regencies without comparing them. Qualitative research methods are used to explore data from interviews with key informants in the Health Office, Social Service, and village officials in both regencies. The results show that East Lombok emphasizes collaboration with NGOs and the use of technology to support more effective health services for vulnerable groups. Meanwhile, Serang focuses on community empowerment through formal and informal training for caregivers. Both regencies show complementary approaches: East Lombok with a technology-based approach and external collaboration, and Serang with a community-based approach and local participation. In conclusion, a more inclusive and integrated combination of strategies that is tailored to the local context of each district is needed. Policy suggestions include increasing local capacity, cross-sector collaboration, and strengthening the national health information system to support sustainable and inclusive health services for the elderly and people with disabilities.

Keywords: elderly health, people with disabilities, apparatus creativity, community empowerment

1. INTRODUCTION

Disability-friendly and sustainable health services for the elderly with disabilities in disadvantaged villages must be a top priority to realize equality and optimal quality of life. Socioeconomically, rural Indonesia is still lagging behind urban areas with low incomes, limited access to education and health, and inadequate infrastructure. However, Indonesia has shown solid economic growth and become the largest economy in Southeast Asia, and has succeeded in reducing poverty (World Bank, 2022). The

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government has a medium-term development plan to strengthen the economy and improve human resources. In the third quarter of 2023, economic growth reached 4.94% compared to the same period in the previous year, and is projected to achieve GDP growth of 5.1% in 2022 (BPS, 2023). The government is also focusing on infrastructure development and prudent fiscal management to support economic growth and reduce poverty. Although the economic gap between villages and cities is still a problem, the broader economic growth in Indonesia reflects positive developments in various sectors and regions in Indonesia (Haryono, 2023).

On the other hand, development problems in Indonesia that are vertical externalities make development policies or programs in one region have a good or bad impact on other regions. In the context of developing health services for the elderly and people with disabilities in rural areas, vertical externalities can occur in several forms. For example, the construction of health facilities in one area can cause a shortage of health workers in other areas because they are drawn to that area. In addition, health policies implemented in one region can affect the availability and quality of health services in other regions. To overcome this problem, the government needs to ensure that health service development programs are implemented in a coordinated and integrated manner throughout the region to reduce negative impacts and increase the positive impact of these vertical externalities (Siswanto et al., 2020).

The inequality of access to health between rural and urban areas can be caused by central government policies that do not support health development in rural areas. Some of the factors that cause inequality in health access in rural areas include different funding, access to health services, and the use of health facilities. In addition, there are also problems related to the involvement of all parties involved in policy-making and policy beneficiaries in the process of formulating health policies. This can lead to injustice in the fulfillment of the right to health between rural and urban communities. Therefore, special attention and planned efforts are needed from the government to address this inequality in health access, such as by building health infrastructure, increasing funding, and involving village governments in rural public health services (Mariyono et al., 2008; Kristiani, 2013; Lutfan, 2013; Wulandari, 2019; Rahman & Puspitasari, 2020; Hidayatullah & Noer, 2021; Inayati & Nuraini, 2021).

Designing an effective health development program for rural communities requires consideration of several factors. Ignoring these factors can result in an ineffective program and fail to achieve its goals. One important factor to consider is community empowerment (GC, 2023). Programs should empower rural communities by involving

them in the decision-making process and ensuring that their needs and aspirations are considered (Houghton et al., 2023). In addition, the effectiveness of program implementation is also very important. Programs should be tailored to the specific conditions of rural communities, taking into account factors such as community knowledge and skills, as well as the availability of health resources and infrastructure (Crouch et al., 2022; Kalininskaya et al., 2022).

In addition, it is also important to consider the challenges and obstacles in community empowerment. Understanding these challenges can help in designing strategies to overcome them. The development of health technology and the empowerment of rural communities are important aspects that need to be considered in designing health development programs in rural areas. By paying attention to these factors, health development programs can effectively meet the needs of rural communities and achieve their targets (Anhar et al., 2020; Christanti & Pratiwi, 2016; Deswimar, 2014; Kasim, 2022; Raranta et al., 2020; Sanusi et al., 2023; Setiawan, 2015; Subekti, 2021; Sulaeman et al., 2012; Suryantara & Syahmat, 2022).

Lack of coordination between the central government, local governments, and non-governmental organizations in health development can lead to duplication of programs and waste of resources. One of the main problems is the disproportionate allocation of resources, where the central government dominates spending on Maternal and Child Health (KIA), while local government spending is less than 15% (Trisnantoro & Zaenab, 2013). This shows a lack of coordination in resource allocation between the central and regional governments (Sulistiyowati, 2019). Lack of collaboration between healthcare workers can also lead to wasted resources and decreased job satisfaction. Therefore, it is important to build good coordination among all parties involved in health development, in order to prevent duplication of programs and misuse of resources (Widayatun & Fatoni, 2016; Salamah & Rustiana, 2017; Subekti, 2021; Huwaida, 2021; Waliyudin et al., 2022; Kristian, 2023).

The active participation of the elderly and persons with disabilities is essential in the health development planning process to ensure their needs are met. The government has made various efforts to meet this need, including providing assistive devices. However, better coordination is still needed between the central government, local governments, and NGOs to prevent duplication of programs and inefficient use of resources. Lack of coordination can lead to system failures and wasted resources.

In rural areas, health development programs must consider the unique conditions and needs of rural communities in order to be implemented effectively. Forums and working groups have been established to involve the elderly and persons with disabilities in the planning process, so that they can voice their needs and aspirations. This involvement is important to form a program that suits their needs and desires. Coordination with various stakeholders is essential to avoid duplication and ensure the efficient use of resources in health development (Zulfikar, 2017; Dewi, 2020; Hasibuan & Ayuningtyas, 2021; Mufidah, 2021; Dewayanti & Suryono, 2023; Palifiana et al., 2023).

Development in the health sector is the focus of poverty alleviation in Lombok Regency in West Nusa Tenggara Province and Serang Regency in Banten Province (Kemendesa PDTT, 2023). The poverty data in Tables 1 and 2 show an interesting problem that maps the underdeveloped and very underdeveloped villages in the provinces of West Nusa Tenggara and Banten based on data from the Central Bureau of Statistics of each province (BPS Banten, 2024; BPS NTB, 2024). The Poverty Depth Index (P1) and Poverty Severity Index (P2) that map underdeveloped and severely underdeveloped villages issued by the Central Bureau of Statistics of West Nusa Tenggara Province show that East Lombok Regency is still above the average index of West Nusa Tenggara Province in 2022-2024 (Table 1). On the other hand, although the Poverty Depth Index (P1) and Poverty Severity Index (P2) of Serang Regency are higher than the average of Banten Province, there is an increase in the index from 2022 to 2024 (Table 2). Both indices in these two regencies indicate that the depth and severity of poverty are still problems that need to be addressed.

TABLE 1: East Lombok Regency Poverty.

	Poverty Depth Index (P1)			Poverty Severity Index (P2)		
	2022	2023	2024	2022	2023	2024
East Lombok	2,580	3,570	2,660	0,850	1,160	0,770
Province	2,490	2,380	2,440	0,670	0,590	0,610

Source: Proceed by Authors (2024)

TABLE 2: Serang Regency Poverty.

	Poverty Depth Index (P1)			Poverty Severity Index (P2)		
	2022	2023	2024	2022	2023	2024
Serang Regency	0,56	0,67	0,79	0,11	0,15	0,20
Province	1,03	1,20	0,97	0,27	0,36	0,25

Source: Proceed by Authors (2024)

Public health conditions in East Lombok Regency are linked to poverty. Economic limitations hinder access to nutrition, proper sanitation, clean water, and trigger the high prevalence of stunting in children under five years old (Wididiati et al., 2022; Purwadinata, 2024). Furthermore, poverty also hinders accessibility to quality services and contributes to high maternal and infant mortality rates (BPS Lombok Timur, 2024; Putra & Supardi, 2024), and increases the risk of infectious diseases due to poor sanitation (Wididiati et al., 2022). Thus, health development in East Lombok requires poverty alleviation as a foundation to sustainably improve the quality of life and welfare of the community.

Similar to East Lombok District, poverty in Serang District is also a socioeconomic determinant of health conditions. Economic problems are a risk factor for the high prevalence of stunting in children under five years old (Pemda Serang, 2021) and hinder access to nutrition, proper sanitation and clean water. In addition, socioeconomic conditions also limit access to quality preventive and curative health services, as well as the risk of exposure to infectious diseases due to poor sanitation and overcrowding (BPS, 2022). Thus, addressing health issues in Serang Regency also requires cross-sectoral development that does not only focus on the health sector.

Research on development and health services for older women with disabilities typically focuses on the challenges faced by this population and the need for community-based models of care. Previous research on the elderly population in China's urban areas, for example, has led to an increase in the number of elderly women with disabilities who need care (Li, 2022). Other research is attributed to family care that has traditionally faced challenges due to changes in society, and there is a need for targeted community-centered support models (Rodriguez-Pereira et al., 2020). Another study examined the demand for care from elderly women with disabilities and the current availability of community services, highlighting the importance of life care, medical care, spiritual comfort, and emergency assistance (Zhang et al., 2022). The provision of home care for elderly women with disabilities faces obstacles such as a lack of professional medical care, social support, and humane care (Tao et al., 2023).

Several other studies, which are related to the development/service of the elderly including the health dimension, especially the European context (Norway and also other Nordic countries) include by (Joumard & Kongsrud, 2003) which highlights Fiscal relations across government levels with a vertical externality perspective on the health sector in general and a study titled Is Nordic elder care facing a (new) collaborative turn by (Vabø et al., 2022) with a comparative policy analysis approach.

Research conducted by (Pan, 2016) suggests creating a coordination mechanism that involves the government, family doctors, family members, and social organizations to provide home care services effectively. The use of health insurance and old-age insurance has been shown to significantly increase the utilization of medical services for the elderly with disabilities. The development of long-term care service systems, including public health services, is essential to meet the needs of elderly people with disabilities. Although research related to development and health services for elderly women and people with disabilities has been carried out a lot, research in the context of regions with a high level of poverty depth and severity and a limited number of health workers is still scarce or has not been carried out, especially the scope of research which focuses on the characteristics, attitudes, and behavior of bureaucracy at the local government level (district and village) in this case the creativity of efforts, Concern (sensitivity) and *vertical externality* from the local government.

In the context of centralization and decentralization, a lot of research has been conducted, but more is related to the theme of taxation, especially in situations where taxes are concurrent affairs, which are affairs that are owned and carried out jointly across levels of government. Brühlhart & Jametti (2006) who analyzed horizontal and vertical externalities in tax cases revealed that horizontal and vertical externalities arise in situations where levels of government use the same basis in taxation. They also use the term “*Tax competition among governments*” in analyzing *tax externalities*, including *vertical externalities*. Thus, it can be emphasized that there is still no research in the context of areas with a high level of poverty depth and severity and a limited number of health workers, let alone focused on the characteristics, attitudes and behaviors of the bureaucracy at the local government level (district and village).

Based on the background that has been described above, this study will focus on answering the question of the extent *to which regional* socio-economic conditions encourage the creativity of local government officials (Regencies and Villages) in health development for the elderly and people with disabilities in rural areas. This research was conducted with the aim of analyzing the creativity of local government officials (Regency and Village) in health development for the elderly and people with disabilities in rural areas. Thus, the results of the research are expected to be useful for district and village governments as an inspiration for increasing the creativity of the apparatus in planning health development for the elderly and people with disabilities in rural areas.

2. THEORETICAL STUDY

Decentralization is the transfer of authority, responsibility, and resources – through deconcentration, delegation, or devolution, including privatization. The development of concepts and practices shows that decentralization is a sharing of authority and resources (Cheema & Rondinelli, 2007) and is a mixture of administrative, fiscal and political functions and relationships (Sharma, 2008, p.52). Decentralization includes the transfer of resources, responsibilities or authority from national governments to subnational governments (Falleti, 2010).

The implementation of decentralization policies is based on the view or spirit of bringing government “closer to people”. He further presents two interpretations of the statement: (1) close in the physical sense (*physically close*) which can be interpreted and realized by the existence of central government offices in the regions (*local field offices*), even this can happen in centralistic government, which is known as the concept of deconcentration, and (2) closer in the sense of “*sensitive to local voters, policy preferences*” (Treisman, 2007, p.271).

Among the various role shifts as presented in the table above, two interesting, important and relevant roles of local governments with the topic/concept used in this study are the shift: from local government as “*agent of government*” to “*the primary agent for citizen and leader and gatekeeper for shared rule*” and from “*responsive and accountable to higher-level government*” to “*responsive and accountable to local voters; assumes leadership role in improving local governance*”.

The division of affairs in the implementation of the government cannot be separated from the discussion of the mandate considering that decentralization which is nothing but the granting of authority to lower-level governments is basically also a form of assignment or mandate to regional governments. The mandate can be accompanied by funding from the mandate giver (central government), it can also not be with funding (*unfunded mandates*) because the concept of decentralization also includes an economic/fiscal dimension so that the implementation of unfunded mandates can be financed by local governments themselves by using regional revenue sources that have been decentralized to the regions. Several researches/theories/concepts are related and can be used in analyzing the reality of the implementation of concurrent affairs along with vertical externality, namely related to bureaucratic behavior, for example the theory/concept of *inside bureaucracy* from (Downs, 1967), shirking from Meier & O’Toole (2006) and *vertical externality* from Treisman (2007).

The premise of the principal-agent model is that the relationship between the two is in the form of a contractual bond (Meier & O'Toole, 2006). The usefulness of the principal-agent theory associated with bureaucratic representativeness extends the context of the political principal, i.e. that in the delegation model it forms a certain relationship between the bureaucracy and the public (Konisky, 2007).

Autonomy, especially in fiscal decentralization, is basically about decision-making authority (Dabla-Norris, 2006). It was further emphasized that the measurement of the degree of autonomy owned by subnational governments includes two sides: expenditure and revenue. It is believed that these two sides are *crucial* in achieving the efficiency that can be obtained from the existence of a decentralized government.

Regarding decentralization in the perspective of decision-making by bureaucracy/local government, as stated in the Theory of bureaucratic decision making, it is stated that "*bureaucratic officials, like all other agents in society, are motivated by their own self-interest at least part of the time*" (Downs, 1967, p.1). Downs also uses the more general term, official, for bureaucrats.

Down's theory of the rational behavior of bureaucrats is based on thought (Downs, 1967, p. 3-4):

1. *Officials (and all other agents in the theory) seek to attain their goals rationally; that is, in the most efficient manner possible, given their limited capacities and the cost of information. This means that all agents in the theory are utility maximizers.*

2. *Officials in general have a complex set of goals including the following elements: power, income, prestige, security, convenience, loyalty (to an idea, an institution, or the nation), pride in excellent work, and desire to serve the public interest (as the individual official conceives of it). However, different types of officials focus on smaller set of these goals. In particular:*

- a. *Purely self-interest officials are motivated entirely by goals which benefit themselves rather than their bureaus of society at large.*

- b. *Mixed-motive officials have goals which combine self-interest and altruistic loyalty to larger values.*

3. METHODS

This study uses a qualitative approach because it wants to deeply understand health problems in underdeveloped and very backward villages. According to Creswell &

Creswell (2018), qualitative research aims to uncover deeper meanings than just numbers. As for the research design, this study uses *multiple case studies*, namely conducting case studies on two loci without comparing between the two. *Multiple case studies* were conducted on two loci that have almost the same characteristics using the same indicators. The goal is to identify how the processes that occur in the two loci are present and produce the same or different phenomena. After that, the researcher will identify the special criteria for each locus that differentiate the results in the two locus.

The use of more than one number of cases in case study research is generally carried out to obtain more detailed data, so that the description of the research results becomes clearer and more detailed. It is also driven by the desire to generalize the resulting concept or theory. In other words, the use of a large number of cases is intended to cover the weaknesses contained in the use of a single case, which is considered to be ungeneralizable.

Through *multiple case studies*, this research can provide broad access or opportunities for researchers to study in depth, detail, intensively, and comprehensively the unit being researched. How the development planning process of the health sector in the underdeveloped DEA will be explored more deeply through data obtained from both research locus. Because it is not meaningful to compare, if there is a difference in the data obtained, this is considered a variation of data that will enrich the results of this study. The research procedure is carried out in several stages where in stage I, namely exploratory, the researcher will conduct data mining on the phenomenon being studied, namely around how the planning process for the development of the field of health for disadvantaged villages in the two locus districts is carried out. At this stage, the researcher will collect evidence in the form of data in the form of health programs for vulnerable groups, prepared budget documents, a list of regulations to documentation of program implementation.

After the data is obtained, stage II is analysis and drawing conclusions. At this stage, observation and processing of the data results are carried out and conclusions are drawn. If there is an equation, then the conclusion can be drawn in one trend, but if there is a difference, then there is a variation in the conclusion, so it is continued to research and analyze the cause of the difference and be used as a uniqueness/special characteristic of the locus area.

The analysis units involved in this study include district and village governments in East Lombok and Serang Regencies based on data from BPS and Komnas Perempuan

which show high Poverty Depth Index (P1) and Poverty Severity Index (P2) as well as the limited number of health workers.

Based on the analysis unit, this research will be carried out in the East Lombok and Serang Regency Governments by involving informants from the Regional Planning Agency (Bappeda), the Social Service, the Health Office, and the Women's Office. In addition to conducting interviews with informants, this study is also supported by document studies, where the documents analyzed in this study are data on the Poverty Depth Index (P1) and Poverty Severity Index (P2) from BPS and Komnas Perempuan, data on the number of health workers in East Lombok and Serang Regencies, as well as documents related to health programs at both locus.

4. RESULTS AND DISCUSSIONS

The health and well-being of the elderly and people with disabilities in rural areas is one of the main focuses of public policy in Indonesia. Local government officials have a key role in creating effective policies and programs to improve the quality of life of this vulnerable group. East Lombok Regency and Serang Regency, two regions with different challenges and potentials, provide an interesting perspective on how local and village government officials innovate in health development for the elderly and people with disabilities. Based on the results of interviews with the Health Office (Dinkes), Social Service (Dinsos), and village officials from the two districts, the researcher analyzed the creativity of local government officials (Regency and Village) in health development for the elderly and people with disabilities in rural areas.

One of the important findings from the interview in East Lombok Regency is the development of community-based health services through the *Family Posyandu program*. This initiative shows the creativity of government officials in adapting conventional posyandu services to cover all age groups, ranging from pregnant women, children, to the elderly and people with disabilities. This approach reduces the fragmentation of health services and allows the integration of multiple interventions in a single, inclusive community platform.

Family Posyandu not only provides basic health services, but also plays an important role in reducing stigma against vulnerable groups such as the elderly and people with disabilities. This shows that a community-based approach is able to build a more inclusive and responsive environment to the health needs of all villagers. The local

government in East Lombok was able to create a collaborative space where the community was actively involved in health efforts, allowing them to feel belonging to and supporting the sustainability of the program.

On the other hand, Serang Regency also shows creativity by integrating services for the elderly with the Non-Communicable Diseases Program (NCD) through Posbindu. While this approach is not yet as comprehensive as the approach in East Lombok, the initiative reflects efforts to maximize limited resources by providing comprehensive health services at the community level. However, the challenge in Serang is how to ensure that these combined services remain specific and relevant for the elderly and people with disabilities, and not just as ancillary services that are less focused.

The informal caregiver *program* for the elderly in East Lombok is another example of the creativity of local government officials in utilizing local resources and family capacities to support elderly care. The program involves family members or local communities as informal caregivers, who are trained to provide basic care for the elderly who are unable to do so independently. By providing training and mentoring to families, the program not only reduces the burden on limited formal health services, but also empowers communities to take an active role in health care.

This approach is more suitable in rural areas where access to health facilities is often limited. By empowering families and communities as part of the solution, officials in East Lombok are able to develop a more sustainable and locally-based model of care. The challenge ahead is how to ensure that these informal caregivers continue to receive adequate training and ongoing support to maintain the quality of care provided.

In Serang Regency, although there is awareness of the importance of elderly assistance programs, this kind of program has not been fully implemented due to budget and human resource limitations. This suggests that the potential to develop similar approaches exists, but requires greater commitment from local governments and collaboration with various stakeholders.

The findings from East Lombok show that the Social Service has shown creativity in managing social assistance recipient data by using technology to ensure that assistance reaches groups that really need it. They use a special app to monitor food deliveries for the displaced elderly, which is managed by local institutions (LKS). This approach allows for better monitoring and ensures that social assistance is not only provided, but also reaches the right targets.

This approach shows that local governments are able to leverage technology and strengthen local collaboration to improve the responsiveness of social assistance programs. However, challenges include limited technological capacity in some villages and the need to ensure that all parties involved have adequate skills in using the system.

In Serang, obstacles in the management and verification of social assistance recipient data are still a major problem. Lack of innovation in the use of technology and is still relying on manual methods leads to inefficiencies in the distribution of social assistance. Local governments need to be more creative in adopting digital solutions to address this problem and improve the accuracy and efficiency of social assistance distribution.

East Lombok introduced the Aspirational National Economic Program (PENA) as an innovative effort to reduce people's dependence on social assistance by encouraging them to be more economically independent. This program provides business capital assistance to vulnerable groups on the condition that they are willing to get out of the status of regular social assistance recipients. The creativity in this program lies in an approach that tries to change the mindset from dependency to economic independence.

However, the challenge faced is the resistance of the community who is more comfortable with regular assistance than having to take the risk of entrepreneurship. To address this, a more effective communication strategy and ongoing support are needed for those who decide to join the program. Additional incentives or more intensive training can also be a solution to increase participation in these programs.

In Serang Regency, economic empowerment programs for the elderly and people with disabilities are still very limited. Budget limitations and lack of partnerships with NGOs or the private sector have made this empowerment program not able to develop significantly. Local governments need to be more creative in finding strategic partners and additional resources to develop more inclusive economic empowerment programs.

East Lombok Regency has shown high ability in building partnerships with various NGOs such as UNICEF, Wahana Visi Indonesia (WVI), and the Indonesian Independent Institute for Disability (LIDI). This partnership is not only in the form of providing material assistance, but also in developing more comprehensive programs such as mental health and social rehabilitation. Creativity in this collaboration allows local governments to strengthen their health and wellbeing programs with substantial external support.

On the other hand, in Serang Regency, the involvement of NGOs in supporting programs for the elderly and people with disabilities is still minimal. Local government

officials have not actively sought partnerships with NGOs or civil society organizations to strengthen their programs. This shows the untapped potential in Serang in building strategic partnerships to improve services for vulnerable groups.

East Lombok has developed a holistic approach that integrates various aspects of health, education, and economic empowerment in its programs. For example, there are student scholarship programs for orphans and displaced children designed to reduce school dropout rates, which in turn can reduce long-term health risks for the poor. This shows that the local government in East Lombok has a long-term vision in dealing with health and social issues in a more integrated manner.

In Serang Regency, despite efforts to integrate health programs through Posbindu, a holistic approach involving the education or economic sectors is still not visible. Programs in Serang still tend to focus on physical health without much consideration of the socio-economic factors underlying health problems. Local governments need to be more creative in designing programs that cover various sectors to provide a more comprehensive impact.

Gereneng Village in East Lombok provides an interesting example of how village officials can respond to the health needs of the elderly in a more specific way, such as delivering cooked food twice a day for the elderly who cannot afford to cook on their own. This program is implemented in collaboration with the Social Welfare Institution (LKS) in the village, which shows the ability of village officials to innovate in utilizing local resources to provide more effective services.

In Serang Regency, although there is awareness to develop Elderly-Friendly Health Centers, programs that respond to specific needs at the village level are still underdeveloped compared to East Lombok. This shows that in Serang, creativity in responding to local needs still needs to be improved, especially by encouraging village officials to be more active in innovating in providing health services that are in accordance with their local context.

East Lombok has also begun to implement an inclusive approach in the Development Planning Deliberations (Musrenbang), although it still needs to be improved to focus more on disability issues. By involving more vulnerable groups in the planning process, local governments can ensure that their needs are accommodated in development programs.

In Serang Regency, a thematic Musrenbang for women and children has begun to be developed, but it has not touched much on the issue of inclusion for people with

disabilities. To increase the participation of vulnerable groups, Serang needs to adopt a more inclusive and sustainable approach in the development planning process.

From the results and discussions of this discussion, it can be concluded that the creativity of local government officials in East Lombok is more visible in the development of health and welfare programs that are more integrated, community-based, and inclusive for the elderly and people with disabilities. Apparatus in East Lombok are able to leverage local partnerships, technology, and resources to create more specific and relevant solutions for the needs of these vulnerable groups. In contrast, Serang Regency, despite having initiatives to address health issues, still lacks the creativity to develop programs that are more focused, integrated, and supported by cross-sector collaboration.

Local governments in both regions need to be more creative in utilizing existing resources and building stronger partnerships with various parties. They also need to strengthen their holistic and community-based approach to ensure that the health and well-being services they provide can meet the needs of the entire community, especially vulnerable groups such as the elderly and people with disabilities.

5. CONCLUSIONS

This study has identified and analyzed various creativity and innovations carried out by local government officials in East Lombok Regency and Serang Regency in health development for the elderly and people with disabilities. The two districts have shown different but significant efforts in addressing the challenges faced by these vulnerable groups.

1. East Lombok Regency has developed an innovative approach through the Family Posyandu which includes cross-age health services and functions as a community health service center. Collaboration with various NGOs and social institutions demonstrates the strength of local governments in partnering to improve services for the elderly and people with disabilities. The use of technology through the application of social assistance distribution supervision also shows adaptation efforts in facing challenges in the field.
2. Serang Regency stands out for its strong community-based approach and community participation in safeguarding the well-being of the elderly and people with disabilities. Formal and informal caregiver training programs demonstrate

family empowerment in caring for members in need. A holistic approach in health programs that includes medical, social, and recreational aspects demonstrates a broader understanding of the well-being needs of the elderly.

3. The two districts show different but complementary approaches. East Lombok relies more on collaboration with NGOs and technological innovation, while Serang focuses on community empowerment and a holistic approach. Both approaches show that no single approach is better, but a combination of strategies tailored to the local context is needed.

Based on these conclusions, the researcher proposes policy suggestions and recommendations for the East Lombok Regional Government where the East Lombok Government needs to strengthen local programs that are sustainable and not too dependent on NGOs. This step can be taken by building the capacity of village government apparatus and increasing community participation in the planning and implementation of health programs. In addition, the East Lombok Government also needs to continue and expand the use of technology to manage health data and social assistance distribution. This includes integrating various existing data systems to improve the efficiency and accuracy of reporting and decision-making. The important part is also that the East Lombok Government needs to develop more intensive education and training programs for posyandu cadres and informal caregivers to improve their ability to handle the elderly and people with disabilities. It could also include training in using new technologies implemented at the village level.

In addition, the researcher also proposed policy suggestions and recommendations for the Serang Regional Government where the Serang Government needs to expand cross-sector collaboration between health, social, education, and the economy to provide more comprehensive services for the elderly and people with disabilities. Programs such as the “Healthy Soul Siaga Village” can be scaled up to include broader aspects of well-being. In addition, the Serang Regency Government also needs to provide ongoing training for formal and informal caregivers to ensure they have the right and updated skills in caring for the elderly and people with disabilities. It can also include mental health and stress management training for caregivers. Researchers also suggest strengthening community capacity through initiatives such as providing small grants to community groups concerned with the health of the elderly and disabilities, as well as integrating health initiatives with other development programs.

Policy advice is also aimed at the Central Government where the Central Government needs to develop a more flexible and inclusive national health policy that allows regions to adapt programs to local needs. This includes expanding the Family Posyandu model and the Siaga Sehat Jiwa Village model to other areas with contextual adjustments. In addition, the Central Government can also encourage performance-based funding that recognizes and supports innovation at the regional level. Areas that demonstrate creativity and success in implementing health programs can be incentivized through additional budgets or technical support. The central government can also strengthen the national health information system by integrating data from various sectors to improve monitoring, evaluation, and response to the health needs of the elderly and people with disabilities. The central government also needs to provide adequate training and infrastructure for local governments to use this system effectively. Regarding the integrated training program, the Central Government needs to develop an integrated training program for local and village government officials that includes health management, cross-sector collaboration, and the use of technology in public services. This training needs to be updated regularly to adapt to technological developments and field needs.

By implementing these policy recommendations, it is hoped that the local governments of East Lombok, Serang, and the central government can increase the effectiveness of health development for the elderly and people with disabilities throughout Indonesia, in a more inclusive, sustainable, and local needs-oriented way.

AUTHORS' CONTRIBUTIONS

All authors contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

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