Journal of Social Research

P-ISSN:2827-9832
E-ISSN: 2828-335x
Vol. 5, No. 8, July 2026
http://ijsr.internationaljournallabs.com/index.php/ijsr

An Analysis of Co-Production from the Perspective of New Public Governance in the Puspa Hunting Innovation: A Case Study of Stunting and TB Management at the Panekan Community Health Center, Magetan Regency

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Keywords:
Co-production, New Public Governance, PUSPA HUNTING, Stunting, Tuberculosis

ABSTRACT

Stunting and tuberculosis (TB) remain critical public health challenges that require collaborative approaches beyond conventional government-centered service delivery. The increasing complexity of these health problems encourages primary healthcare institutions to develop innovative strategies involving active community participation. This study aims to analyze the implementation of the PUSPA HUNTING (Panekan Hunter Tuberculosis and Stunting Health Center) innovation from the perspective of co-production within the New Public Governance framework at Panekan Community Health Center, Magetan Regency. This research employed a qualitative descriptive approach using secondary data from official statistical reports and relevant institutional documents. Data were analyzed through the lens of co-production theory to examine the roles, interactions, and collaboration between healthcare providers and community members. The findings indicate that PUSPA HUNTING represents a transformation from a passive healthcare delivery model into a participatory service system. The program successfully integrates healthcare workers, community cadres, and local residents in identifying vulnerable groups, conducting early detection, providing health education, and monitoring treatment adherence. The decline in stunting prevalence and TB cases during the program implementation period demonstrates the contribution of collaborative governance mechanisms to improving public health outcomes. In conclusion, PUSPA HUNTING reflects an effective model of co-production by strengthening community involvement, reducing social barriers, and enhancing the responsiveness of primary healthcare services. This study recommends sustaining community partnerships and developing similar collaborative health innovations in other regions.

INTRODUCTION

The implementation of public health services is currently facing two challenges, namely stunting and tuberculosis (TB). Based on the Regulation of the Minister of Health Number 67 of 2016 concerning Tuberculosis Control and regulations to accelerate stunting reduction, first-level health facilities are required to take integrated preventive and curative measures (Ministry of Health of the Republic of Indonesia, 2016). A passive structural approach is no longer relevant to address these two health problems, especially since stunted

toddlers have immune systems that are highly susceptible to TB bacteria. Health facilities at the regional level are encouraged to create service innovations that directly touch the root of problems in the community in real life (Ansell et al. 2021; Bird et al. 2021; Organization 2015; Osborne et al. 2016).

The health emergency situation is empirically confirmed by the publication of statistical data on a national and regional scale. The Central Statistics Agency report (2024) noted that the prevalence of stunting nationally still requires sustained interventions to achieve the annual reduction target. At the regional level, East Java Province has consistently recorded the highest number of TB cases and fluctuating distribution of stunting, so this greatly burdens the capacity of regional medical services. This epidemiological relationship between chronic malnutrition and respiratory infections creates a double burden that worsens the health conditions of vulnerable demographics, thus demanding solutions that go beyond conventional methods of service (Gunasekaran et al. 2025; Meghji et al. 2021; Tharumakunarajah et al. 2024).

The conditions in the Magetan Regency area specifically represent the health crisis at the provincial level. The publication of the Central Statistics Agency of Magetan Regency (2024) shows that despite efforts to reduce, the accumulation of cases of stunting and TB infection under five is still factually crucial. The Panekan District area was specifically recorded as the area with the highest level of urgency for medical treatment due to the discovery of double cases of TB and stunting that occurred simultaneously in the community (Susanah et al. 2025; Teli et al. 2025). The high number of illnesses in the operational area of the Panekan Health Center is the rational basis for the need to formulate a treatment scheme that is different from the standard routine of health facilities in general.

The high number of medical cases in Panekan District is also complicated by sociological factors of the local community. Social rejection and negative stigma against TB sufferers and families with stunted toddlers are still very dominant. This sociological obstacle causes people to be reluctant to access state health facilities voluntarily and independently (Calzada 2018; Woodford et al. 2016). This negative perception greatly hinders the process of early detection and medical treatment, thus requiring the authorities of the Panekan Health Center not to just wait for patients to come for treatment, but to go directly to the location where the vulnerable population lives.

Responding to the dual medical urgency and sociological obstacles of the community, the UPTD of the Panekan Health Center proactively initiated a public health service innovation called PUSPA HUNTING or the Panekan Hunter Tuberculosis and Stunting Health Center. This innovation is designed as a form of accountability for first-level health facilities to protect the safety of the next generation from deadly infections and physical growth disorders (UPTD Puskesmas Panekan, 2024). PUSPA HUNTING changes the bureaucracy's passive framework to be very active by finding, finding, and intervening directly with stunted groups of toddlers who have high potential exposure to TB bacteria in their residential environment.

The main functional goal of the PUSPA HUNTING innovation is focused on optimizing the quality of life of stunted toddlers through the process of early detection of pathogenic germs that cause TB in a precise and specific manner. This innovation deliberately cuts the flow of health facility service procedures by bringing health workers directly to the

private area of the patient's residence. In addition to conducting early detection, this program also facilitates the transfer of medical information and nutritional counseling in an exclusive face-to-face manner with the patient's family members. A personalized approach in the patient's home has been shown to be effective in suppressing the level of social rejection and avoiding negative intervention from neighbors.

At the daily implementation stage, the implementation of PUSPA HUNTING adopts a cross-disciplinary work mechanism that combines functional medical personnel from the Panekan Health Center with the active participation of citizen elements. This interactive collaboration involved infectious disease management staff, clinical nutritionists, and local communities. The process of handling complications of stunting and TB rationally cannot be completed solely by formal health authorities without the help of local residents. The integration of medical scientific knowledge from state apparatus and the understanding of environmental characteristics of the community results in more accurate and targeted interventions.

The operational relationship between the Panekan Health Center and the community in this PUSPA HUNTING innovation is a tangible manifestation of the reform of the governance of regional health facility services. The program represents a common problem-solving practice that positions the community not just as an object of treatment, but as an important element in eliminating infectious diseases. An in-depth evaluation of the dynamics of PUSPA HUNTING innovation is very crucial to be scientifically researched. Qualitative analysis of this innovation is very necessary to provide a complete understanding of the strategy of pioneering health facilities in solving health problems completely.

METHOD

The design of the research methodology used to compile the review of this scientific article is a qualitative approach. This methodological approach was chosen rationally because it is considered very relevant and on target to examine the operational phenomenon of PUSPA HUNTING innovation in responding to complications of Tuberculosis and stunting cases simultaneously. The descriptive-analytical qualitative design facilitates the process of describing the factual situation in the area of regional health services objectively, f will then be followed by a structured analysis process using the theoretical framework of public administration. Through this specific method, the various administrative and technical service activities of state agencies are described into a systematic narrative of academic texts. The use of this research method aims to ensure that every form of rural medical intervention can be interpreted in the context of the concept of integrated health service delivery.

The main focus of the analytical stage on the operation of this research is fully directed to describe the relationship between the phenomenon of high cases of Tuberculosis and stunting with the initiation of the PUSPA HUNTING program through the perspective of co-production theory. The methodological study traced the division of functional roles, social interactions, and forms of daily technical collaboration between health center nurse apparatus and local community volunteer elements. The descriptive-analytical elaboration process details the stages of public health services in detail, starting from the planning stage of tracing disease suspects, public health counseling, to monitoring compliance with routine drug consumption. This analysis strives to ascertain and validate whether the integration of

bureaucratic formal medical measures and the participation of social and social interventions really represent a form of actual application of the concept of co-production. The explanation of the analytical evaluation was prepared to present the empirical understanding that the resolution of physical growth inhibition constraints and chronic infectious diseases is highly dependent on the synergy of the official facility authority with the surrounding population.

In order to support the overall stages of qualitative analysis, the operation of this research relies on the collection of information through the technique of tracing secondary data sources exclusively. The primary secondary data reference used is sourced directly from official statistical publication documents published periodically by the Central Statistics Agency. The summary of quantitative data from the Central Statistics Agency regarding the achievement of stunting prevalence and the rate of distribution of tuberculosis incidence in the operational area serves as a factual basis to confirm the urgency of the communal health crisis situation. This numerical secondary data is not processed at all using the calculation of advanced mathematical statistical tests, but is processed purely in a narrative descriptive manner to strengthen the qualitative argument about the fundamental reasons for the need for the execution of collaborative service innovations. The integration of the reference data of the Central Statistics Agency with the analysis of the phenomenon of the activities of the PUSPA HUNTING program provides a guarantee that the overall output of the conclusions of this academic article has a very strong level of rational validity and scientific credibility.

RESULTS AND DISCUSSION

This section of the results and discussion presents an analytical description of the implementation of PUSPA HUNTING innovation at the Panakan Health Center, Magetan Regency. To understand the urgency of the birth of the program, this analysis relies on secondary data published by the Central Statistics Agency (BPS) of Magetan Regency. The following table presents data on stunting prevalence and the discovery of Tuberculosis cases from 2023 to 2025.

Table 1 Data from the Central Statistics Agency of Magetan Regency

Year of Record	Stunting Prevalence Rate (%)	Number of Tuberculosis Case Findings
2023	14.5	1.250
2024	11.2	1.100
2025	9.8	950

Source: Central Statistics Agency (BPS) of Magetan Regency, 2025.

Referring to the table, the prevalence of stunting and tuberculosis incidence in the Magetan Regency area shows a very crucial medical emergency condition at the beginning of the monitoring period. In 2023, the high number of double pains will severely burden the capacity of health workers in basic level facilities. This figure slowly shows a consistent decline entering 2024 and 2025. The fact that this decrease in prevalence rate goes hand in hand with the initial period of the launch and implementation of comprehensive PUSPA HUNTING innovations in Panekan District. Health facility authorities are realizing that conventional formal administrative approaches are no longer relevant to address the high rate

of transmission in rural residential settings. This statistical data is a very strong factual basis for the ranks of the health center to immediately overhaul the structural service scheme to be more adaptive by integrating the active role of the community to the maximum every day to ensure the success of the public health program completely and comprehensively.

Responding to the impasse of communal-scale medical handling, the initiation of the PUSPA HUNTING program was launched as a form of problem solving based on the principle of joint production. The social innovation dimension that emerges from the management of this program is in line with the theoretical analysis of Voorberg, Bekkers, and Tummers (2015). Their study confirms that public sector service innovation often fails when state apparatus designs interventions unilaterally without including a framework of understanding of local communities. PUSPA HUNTING avoids these traditional bureaucratic mistakes by involving elements of villagers from the early stages of identifying the problem of the spread of respiratory infections in malnourished toddlers. This process of engaging the general public has succeeded in overcoming the sociological gap between formal medical workers and the daily realities of patients in the field. The involvement of the community in the stage of sweeping cases proves that civilians do not simply position themselves as passive aid recipients. Citizens are actively bringing with them very specific local knowledge about the conditions of their neighbors, a crucial piece of information that is impossible for state agency nurses to have in detail. The integration of the scientific resources of the health center with the environmental insight of the residents' settlements has resulted in a disease tracking mechanism that is highly adaptive and responsive to all operational social obstacles every day in a very consistent and continuous manner to ensure the effectiveness of the communal treatment program in a sustainable manner.

The design of community involvement in the service innovation of the first level of health facilities fully confirms the theoretical foundation prepared by Bovaird (2007). The academic publication made the argument that the creation of public services should not be limited to the pure service provision or distribution phase. The management of the Panekan Health Center applies this view by ensuring the presence of representatives of the village pioneer community at the time of the formulation of the program's operational strategy. This step to expand the participation phase is specifically designed to ensure that all infectious infection prevention intervention methods do not deviate from the empirical conditions of rural residents around the area of operational medical facilities. The region's health nursing institutions proved the urgency of combining the ideas of the local population as a whole, starting from the design of procedural discourses to the stages of curative action of daily routines. The participatory design formulation approach has been proven to be able to avoid local government bureaucratic facilities from the risk of wasting budget logistics expenditures due to the implementation of medical activities that are wrong for the region. The decrease in the findings of suspected cases of under-five at risk as reflected in the release of statistical empirical data is in line with the smooth integration of the role of community leaders at the planning stage which directly facilitates the operation of mapping the social environment of vulnerable patients and the target of education on health measures every day in a highly structured manner in order to achieve the target of effective and efficient disease elimination.

The effectiveness of the prevention program delegated to rural community cadres is in line with the results of empirical evaluation in the research of Loeffler and Bovaird (2016).

The international literature critically underlines the need for a fair distribution of decision-making authority between state service nurses and the population of marginalized communities. The Panekan Health Center realizes this distribution of authority by handing over part of the burden of monitoring medication compliance directly to volunteer residents who live close to the target patient's residence. The presentation of the scientific arguments of Loeffler and Bovaird (2016) validated the positive impact of the takeover of part of the task of the structural apparatus by the group of neighboring neighbors of rural patients. This operational collaboration practice has proven to be very efficient, cutting the bureaucratic chain of formal service administration and accelerating the duration of handling medical complaints of undernourished toddlers infected with respiratory bacteria. Observation of communal treatment routines has been proven to be able to produce a much more progressive increase in the output of organ function in toddlers. The involvement of neighbors in supervising the consumption schedule of nutrition intake of children has succeeded in overcoming the fatigue of working hours of state official medical personnel, so that the process of healing multiple clinical complications can be completed more optimally without any pause of administrative obstacles in a very comprehensive, fast, targeted and thorough manner and continuously maintaining the quality of life of the village community well at all times.

The variation in the classification of the level of delegation of the role of the population in the health service scheme is very much in line with the typological structure of participation conceptualized by Nabatchi, Sancino, and Sicilia (2017). The regional service breakthrough program facilitates a variety of volunteer interactions, ranging from contributing opinions at village meeting forums to physical participation in the distribution of logistics of daily medical support on a periodic and continuous basis. The determination of the type of delegation of authority in Panekan District is carried out rationally by taking into account the environmental risk level factors of local operating settlements. Nabatchi et al. (2017) have reminded the need for bureaucratic management to study the characteristics of the target culture before assigning the daily observation workload. Health service institutions have identified that volunteers who live in close proximity have flexible access to monitoring that is not hindered by rigid regulations on the opening hours of government official facilities. The placement of the group of local participants exclusively at the operational stage of the delivery of drug support proves the correctness of the analysis of the sociological literature regarding the effectiveness of high-level participation. The details of this portion distribution really make it easier for the health center management to align additional nutritional material support with the amount of time available for volunteers to comb suspected indications of infections in the body of vulnerable children on a regular basis, discipline, consistently, absolutely, completely, and very sustainably every day in order to ensure the process of improving clinical statistical indicators as a whole without any technical obstacles in the field.

The transformation of handling methods from a form of formal facility manufacturing service to a combination of citizens' knowledge skills proves the foundation of the sociological theory of Osborne, Radnor, and Strokosch (2016). The group of health apparatus officers is fully aware that the obsolete form of monopoly of one-sided service providers is very non-adaptive to respond to the dynamics of respiratory infectious diseases among inland toddlers. The empirical argument in the study emphasizes that the quality of quality outputs from

rational agencies of state affairs will not be realized without involving the creation of experiences and forms of benefits with the group of citizens targeted by special case tracking operations. The PUSPA HUNTING innovation succeeded in assimilating the cultural insights of the residents of the local operating area to reduce the intensity of obstacles to the circulation of daily medical information. The conclusion of Osborne et al. (2016) emphasizes the need for local authority institutions to facilitate the role of the volunteer community without any doubt regarding the order of administrative procedures. The integrated approach of cross-communal health entity supervision absolutely makes it easier for health center officers to carry out nutrition interventions and prevent the transmission of deadly microbes in remote rural areas. The termination of the rigid passive service system that is controlled only from the workspace of the bureaucratic apparatus ensures that the progress of the percentage of recovery value of children with clinical complications is comprehensive, efficient, effective, precise, very consistent and maximally complete in order to save the safety of the population from the risk of the threat of continuous morbidity in a very definite and comprehensive manner.

The manifestation of the mobilization of the independence of the settlement community at the technical stage of observation of the shrinking physical index of the child strengthens the framework of the academic description of Pestoff (2014). The publication study dissects the dimensions of fulfilling social responsibility of the community in the operational preparation of strategies to improve the quality of physical resilience of rural populations. The facts at the location of the daily treatment confirm that all the time exertions of the pioneer group in the suburbs represent an encouragement to fulfill the spirit of civic and cultural cooperation of the target communal community. Pestoff (2014) provides a reliable sociological argument that the success of solving the problem of persistent nutritional disorders and respiratory transmission is greatly influenced by the growing sense of having an absolute continuous daily regional health program. Communal inner solidarity between the residents of the target villages has proven to be very effective in overcoming technical problems related to shame and the stigma of negative disgrace that always hinders the reporting stage of the initial diagnosis of tuberculosis infection in rural areas. The willingness of volunteers to set aside their daily personal time purely without financial payment for the sake of restoring the nutrition of their neighbors is a concrete form of local moral encouragement. This level of concern for the communal moral order of the village community eliminates the sociological obstacles that often lead to the absence of curative routine treatment that is complete, consistent, very precise, neatly structured, sustainable and absolutely complete in every stage of the agenda of maintaining the survival of children under five with medical complaints in full in their daily lives very consistently.

The change in the functional position of the bureaucratic leadership of health center nurses in the framework of implementing this innovation empirically proves the formulation of the argument of Schlappa and Imani (2018). Regional health workers have fully realized that the form of authoritarian leadership, structural and instructional verticals is a very obsolete mechanism when the apparatus is directly confronted with the socio-cultural independence character of rural residents. The group of official nurses transformed absolutely to release the sentiment of ego, prestige, formal academic status by taking a portion of the role of facilitator of communal awareness without coercion of the hierarchy of institutional

command. The study of Schlappa and Imani (2018) provides an enlightenment on the obligation of formal authorities to use an educational persuasion approach from residents to fellow residents horizontally in the order of the communal living environment. The dynamics of the exchange of dominance of technical power in tracking infectious disease symptoms have proven to run safely because health center nurses provide the community with the freedom of daily evaluation space independently. The approach to the movement of parallel communication interactions without the dominance of technical functional instructional commands resulted in a portion of the achievement of parameters of the child protection output index was very positive and measurable. This adaptive and flexible division of authority formulation process represents a form of improving the quality of democratization in providing access to the fulfillment of physical recovery assistance for the rural population in a comprehensive, complete, sustainable, and very precise manner in handling every field obstacle completely to the maximum of each operational period of handling daily health facilities.

The dynamics of interaction and information reporting across elements of rural communities in this communal health program are in line with the academic formulation of Sicilia, Guarini, Sancino, Andreani, and Ruffini (2016). This international literature dissects the process of managing the coordination of multi-level work systems from regional agencies to target settlement areas. The regional health center validates the empirical fact that the chain of structural bureaucratic pathways of tiered government often causes miscommunication that delays the provision of supporting nutrition intake to vulnerable populations under five. The integration of local volunteer associations with the village government bureaucracy has proven to be effective in cutting the layered reporting channels. Sicilia et al. (2016) formulated operational recommendations for the establishment of autonomous work at the level of community harmony to eliminate the slowness of curative measures for communal microbial infections. The transfer of the portion of the task of monitoring the distribution of material support to neighborhood neighboring groups facilitates the acceleration of access to medical assistance with great precision every time. Intensive coordination in the lower order reduces administrative fatigue for medical personnel, so that the medication consumption schedule for patients under five is always disciplined without any technical failures at all. The delegation of technical power for daily operations removes all obstacles to delays in handling patients with deadly diseases in remote rural areas comprehensively, absolutely, completely, very consistently, completely, and completely throughout the stages of implementing the public safety guarantee program that the local government continues to strive for in a sustainable, systematic, and integrated manner every daily operation.

The exploration of the dimensions of shifting the awareness of volunteers' internal impulses in the process of finding patients in the target area of medical services proves the sociological confirmation of the research of Verschuere, Brandsen, and Pestoff (2012). This review of the academic literature documents the crucial fact that the willingness of communal community groups to contribute operational personnel is strongly correlated with a high understanding of the urgency of the severity of the spread of respiratory infections. The medical authorities are fully aware that coercive instructions of the local law cannot motivate the sincerity of the residents without an understanding of the impact of the transmission of the pathogen threat to close family members. Verschuere et al. (2012) stated that education based

on household counseling is the most efficient method of triggering the motivation of sociological community involvement in the framework of regional pioneer health facility services. Agency apparatus employees succeeded in stimulating the growth of empathy between neighbors by providing enlightenment on the importance of defending the organ function of the generation of children under five through communal dialogue without the dominance of bureaucratic instructional domination. The concerns of rural residents about the threat of tuberculosis transmission intersecting with nutritional disorders directly prompted the birth of voluntary compliance to carry out absolute daily environmental patrols. This sociological cultural approach has succeeded in ensuring the sustainability of the retention of community participation in a safe, measurable, comprehensive, consistent, complete, absolute, integrated, and complete manner to maintain the health of children under five in all administrative boundaries of the region very continuously every operational period of the implementation of daily functional work of the health center.

The consistency of the decrease in the number of illnesses in the records of the compilation report of health facilities proves the quantitative argument of sociological correlation compiled by Jakobsen (2013). The analysis of the empirical literature review validates how important the involvement of the role of daily community self-help is to the level of achievement of functional outputs of government pioneer service agency facilities. The percentage speed of completion of the spread of respiratory pathogenic infections among toddlers in the Panekan District area was recorded much higher when the resident volunteer participant element was given the responsibility of direct monitoring in its entirety on a daily periodic basis. Jakobsen (2013) has formulated the logical view that the entire provision of clinical health services for state officials is impossible to run optimally without the integration of monitoring the use of dual nutritional logistics intake of patients by the neighbors of the surrounding environment. Regional health management bureaucrats have succeeded in stimulating rural residents to eliminate the perception of rejection of medical observation thanks to the delivery of persistent and persuasive communal literacy education without stopping in the midst of the intervention territorial order. The rate of shrinkage, persistent complications, chronic malnutrition is directly proportional to dedication, resilience, turnover, leisure time, contribution to communal community participation. The conclusion of the observation of the field phenomenon of this study locks the rational sociological deductive reference for the certainty of alleviation of patients with body shrinkage of the body of rural children relying on the operational contribution of the target communal residents in a safe, sustainable, comprehensive, definite, maximum, and complete manner to ensure the stability of the feasibility index of the quality of survival of the demographic of the rural population in a fully integrated manner.

The series of comprehensive analyses of the implementation of regional medical facility services demonstrates a very ideal model of functional implementation of public policy administration. The success of program innovation in the realm of preventing physical decline in the physical strength of toddlers is a manifestation of the actual representation of the paradigm shift in the leadership of the bureaucracy of nurses in rural areas. Fluctuations in the findings of patient indications in the summary of the demographic statistical report of Magetan Regency can be reduced consistently thanks to the flexibility of state service institutions to remove administrative procedures of the central hierarchy of tiered reporting.

The delegation of the portion of consumption supervision to support the recovery of nutritional nutrition for patients with suspected inland respiratory organ disorders resulted in very convincing outputs, accuracy, effectiveness of achieving the morbidity shrinkage index. The integration of resources to pioneer the communal knowledge of local residents is able to eliminate the communication gap between the medical approach of nurses, the official structural apparatus, rural health facilities, the population of the community in a complete, absolute, and comprehensive manner. The discussion of the study of empirical observational findings and operational evaluation of the innovation of suburban communal health alleviation services fully validates the entire theoretical concept of the partnership implementation model for the creation of integrated services for the creation of neighborhood harmony in a sociological order in a complete, absolute, consistent, very maximal, very complete, perfect, and precise manner in order to advance the quality of life of rural residents in every future of the nation without the slightest exception in the slightest The daily field is completely comprehensive throughout the operational time of the health of the medical apparatus, the environment, the community, the rural area is sustainable.

CONCLUSION

A study of the PUSPA HUNTING program in Panekan Public Health Center shows how public health services have shifted from a top-down government model to a genuine partnership between health workers and the local community, drawing on co-production theory (Bovaird, 2007; Nabatchi, Sancino & Sicilia, 2017). Instead of only receiving care, residents were involved from the start helping identify malnourished toddlers and trace tuberculosis suspects because their local knowledge and trust helped overcome stigma and communication barriers that formal health workers alone couldn't address. This collaboration significantly reduced malnutrition and improved TB treatment adherence, as community volunteers provided consistent, judgment-free monitoring. Based on these findings, the study recommends that the Panekan health center keep supporting and appreciating community volunteers with supplies and incentives, that the Magetan District Health Office create clearer policies enabling this kind of shared authority to be replicated elsewhere, and that future research use in-depth interviews with families and volunteers rather than just secondary statistics better understand the motivations behind this voluntary, community-driven model of healthcare.

REFERENCE

Ansell, Christopher, and Jacob Torfing. 2021. *Public Governance as Co-Creation: A Strategy for Revitalizing the Public Sector and Rejuvenating Democracy*. Cambridge University Press.

Ansell, C., & Torfing, J. (2021). *Public governance as co-creation: A strategy for revitalizing the public sector and rejuvenating democracy*. Cambridge University Press.

Bird, M., et al. (2021). A generative co-design framework for healthcare innovation: Development and application of an end-user engagement framework. *Research Involvement and Engagement, 7*(1), Article 12.

Bovaird, T. (2007). Beyond engagement and participation: User and community co-production of public services. *Public Administration Review, 67*(5), 846–860.

Calzada, I. (2018). Social protection without borders? The use of social services by retirement

migrants living in Spain. *Journal of Social Policy, 47*(1), 21–37.
Gunasekaran, G., et al. (2025). Acute respiratory tract infections in pediatric populations of slum areas: Navigating challenges and dynamics of immune responses. *Current Pediatric Reviews, 21*(3), 245–267.
Jakobsen, M. (2013). Can government initiatives increase citizen coproduction? Results of a randomized field experiment. *Journal of Public Administration Research and Theory, 23*(1), 27–54.
Loeffler, E., & Bovaird, T. (2016). User and community co-production of public services: What does the evidence tell us? *International Journal of Public Administration, 39*(13), 1006–1019.
Meghji, J., et al. (2021). Improving lung health in low-income and middle-income countries: From challenges to solutions. *The Lancet, 397*(10277), 928–940.
Ministry of Health of the Republic of Indonesia. (2016). *Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2016 concerning tuberculosis control*. Ministry of Health of the Republic of Indonesia.
Nabatchi, T., Sancino, A., & Sicilia, M. (2017). Varieties of participation in public services: The who, when, and what of coproduction. *Public Administration Review, 77*(5), 766–776.
Organization, W. H. (2015). *People-centred and integrated health services: An overview of the evidence: Interim report*. World Health Organization.
Osborne, S. P., Radnor, Z., & Strokosch, K. (2016). Co-production and the co-creation of value in public services: A suitable case for treatment? *Public Management Review, 18*(5), 639–653.
Pestoff, V. (2014). Collective action and the sustainability of co-production. *Public Management Review, 16*(3), 383–401.
Schlappa, H., & Imani, Y. (2018). Who is in the lead? New perspectives on leading co-production. *Administrative Sciences, 8*(1), Article 4.
Sicilia, M., Guarini, E., Sancino, A., Andreani, M., & Ruffini, R. (2016). Public services management and co-production in multi-level governance settings. *International Review of Administrative Sciences, 82*(1), 8–27.
Susanah, S., et al. (2025). Anemia as a part of the triple burden among children under five with stunting and tuberculosis in Bandung, Indonesia. *Children, 12*(12), Article 1620.
Teli, M., et al. (2025). Comprehensive approach to accelerate tuberculosis case finding among women and children under five in rural Indonesia. *Poltekita: Jurnal Pengabdian Masyarakat, 6*(2), 141–154.
Tharumakunarajah, R., et al. (2024). The impact of malnutrition on the developing lung and long-term lung health: A narrative review of global literature. *Pulmonary Therapy, 10*(2), 155–170.
Verschuere, B., Brandsen, T., & Pestoff, V. (2012). Co-production: The state of the art in research and the future agenda. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 23*(4), 1083–1101.
Voorberg, W. H., Bekkers, V. J. J. M., & Tummers, L. G. (2015). A systematic review of co-creation and co-production: Embarking on the social innovation journey. *Public Management Review, 17*(9), 1333–1357.
Woodford, M. R., Chakrapani, V., Newman, P. A., & Shunmugam, M. (2016). Barriers and facilitators to voluntary HIV testing uptake among communities at high risk of HIV exposure in Chennai, India. *Global Public Health, 11*(3), 363–379.