

Collaborative Governance Analysis in Local Health Program Case of Jambi Bugar

Analisis Collaborative Governance Pada Program Kesehatan Lokal Kasus Jambi Bugar

Arissy Jorgi Sutan¹, Jefri Al Kausar², Uswatun Asiah³, Revi Jeane Putri⁴

^{1, 2, 3, 4} Universitas Jambi, Indonesia

Corresponding Author

Arissy Jorgi Sutan
arissyjorgisutan@unja.ac.id

Article History

Received: October 15, 2025
Final Revision: December 15, 2025
Accepted: December 16, 2025
Available Online: December 31, 2025

Abstract

This study examines collaborative governance in the Jambi Bugar Program, a local health initiative in Kota Jambi aimed at providing free healthcare to underprivileged residents not covered by BPJS Kesehatan. Using qualitative methods, including interviews and NVivo-assisted analysis, the research identifies five key indicators: communication, joint decision-making, stakeholder participation, trust, and collective goal achievement. Stakeholder trust and participation emerged as the most emphasized, highlighting the importance of inclusive and relational governance. Narrative analysis revealed dominant themes such as regional identity, health coordination, and institutional synergy. Actor mapping showed the interconnected roles of BPJS Jambi City, the Health Office, and Social Services, emphasizing the need for multi-sectoral collaboration. Despite challenges like data inconsistency and limited outreach, Jambi Bugar demonstrates how collaborative governance can improve health equity and service delivery. The findings suggest that sustainable public health outcomes require adaptive governance structures, community engagement, and strategic alignment across institutions.

Keywords

Jambi Bugar; Collaborative Governnace; Program Kesehatan Lokal; Jambi

Abstrak

Studi ini mengkaji tata kelola kolaboratif dalam Program Jambi Bugar, sebuah inisiatif kesehatan lokal di Kota Jambi yang bertujuan menyediakan layanan kesehatan gratis bagi penduduk kurang mampu yang tidak tercakup oleh BPJS Kesehatan. Dengan menggunakan metode kualitatif, termasuk wawancara dan analisis yang dibantu NVivo, penelitian ini mengidentifikasi lima indikator utama: komunikasi, pengambilan keputusan bersama, partisipasi pemangku kepentingan, kepercayaan, dan pencapaian tujuan kolektif. Kepercayaan dan partisipasi pemangku kepentingan muncul sebagai yang paling ditekankan, menyoroti pentingnya tata kelola yang inklusif dan relasional. Analisis naratif mengungkapkan tema-tema dominan seperti identitas daerah, koordinasi kesehatan, dan sinergi kelembagaan. Pemetaan aktor menunjukkan peran BPJS Kota Jambi, Dinas Kesehatan, dan Dinas Sosial yang saling terkait, yang menekankan perlunya kolaborasi multi-sektoral. Meskipun menghadapi tantangan seperti inkonsistensi data dan jangkauan yang terbatas, Jambi Bugar menunjukkan bagaimana tata kelola kolaboratif dapat meningkatkan pemerataan kesehatan dan pemberian layanan. Temuan ini menunjukkan bahwa hasil kesehatan masyarakat yang berkelanjutan memerlukan struktur tata kelola yang adaptif, keterlibatan masyarakat, dan penyesuaian strategis lintas lembaga.

Kata Kunci

Jambi Bugar; Collaborative Governnace; Program Kesehatan Lokal; Jambi

1. Introduction

This article tries to analyze the collaborative governance analysis in local health mechanisms in case of Jambi Bugar. In this case Jambi City facing several problems to make the wider the local health program to accommodate the poor. Indonesia's local health system is a decentralized and tiered structure designed to serve a vast and diverse population across more than 17,000 islands. At the foundation of this system are Puskesmas (community health centers), which provide primary care services such as maternal and child health, immunizations, and treatment for common illnesses. These centers are supported by Posyandu (integrated health posts) at the village level, and by district hospitals and referral hospitals for more advanced care (Anggraini, 2023; Grootjans et al., 2022; Mariyam, 2018; Wulandari et al., 2023).

The Jaminan Kesehatan Nasional (JKN) program, launched in 2014, marked a significant milestone in Indonesia's journey toward universal health coverage, aiming to provide equitable access to healthcare for all citizens. Despite these efforts, the system faces persistent challenges, including unequal distribution of healthcare personnel, limited infrastructure in remote areas, and disparities in service quality between urban and rural regions. The dual presence of public and private healthcare providers adds complexity, with private facilities often offering higher-quality services but remaining inaccessible to lower-income populations. Moreover, traditional medicine continues to play a role in many communities, reflecting Indonesia's cultural diversity and the need for integrative health approaches. The Ministry of Health oversees national policy, but local governments are responsible for implementation, which can lead to inconsistencies in service delivery and resource allocation (Anggraini, 2023; Ningsih et al., 2022; Yoon et al., 2022).

In Jambi Province, the local health system mirrors the national structure but also highlights specific regional challenges. According to the Profil Kesehatan Provinsi Jambi and the Health and Housing Statistics Analysis of Jambi Province 2024, the province has made notable progress in expanding healthcare access through its network of Puskesmas and Posyandu. However, disparities remain, especially in rural districts where

access to health services is hindered by geographic isolation, transportation barriers, and socioeconomic factors (Dewi & Sulistyani, 2015; Lima, 2021; Price et al., 2023; Setiawati et al., 2021).

The province struggles with uneven distribution of health workers, limited availability of specialist care, and gaps in health data management. For example, while some hospitals like Raden Mattaher and H. Hanafie have begun implementing Hospital Information Systems (HIS), their development strategies differ due to internal organizational and cultural factors. Public health indicators such as maternal mortality, child nutrition, and chronic disease prevalence continue to be areas of concern. The provincial government, in collaboration with national agencies and local stakeholders, is working to improve health outcomes through targeted programs, infrastructure development, and capacity building. Strengthening the health system in Jambi requires not only investment in facilities and personnel but also a commitment to data-driven planning and community engagement. As Indonesia continues its push toward universal health coverage, addressing regional disparities like those in Jambi will be essential to achieving equitable and high-quality healthcare for all (Dewi & Sulistyani, 2015; Lima, 2021; Lindholm & Torjesen, 2024; Mariyam, 2018; Price et al., 2023; Setiawati et al., 2021; Zdulharyani, 2025).

Indonesia, as the world's fourth most populous country, faces unique challenges in delivering equitable healthcare across its vast archipelago of over 17,000 islands. To address these challenges, the government has implemented a series of health initiatives aimed at improving access, quality, and affordability of healthcare services. One of the most transformative programs is the JKN, launched in 2014, which aims to provide universal health coverage (UHC) to all citizens. Administered by BPJS Kesehatan, JKN has expanded rapidly, covering over 95% of the population by 2023. This program ensures that even the most vulnerable populations, including those in remote and rural areas, have access to basic health services. However, challenges remain, such as uneven distribution of healthcare facilities, shortage of medical personnel, and limited infrastructure in underdeveloped regions (Efendi et al., 2022; Miranda et al., 2023; Mukti et al., 2022).

To further strengthen the health system, the Ministry of Health launched the Health System Transformation Agenda (HSTA) in 2022, focusing on six pillars: primary care, referral care, health resilience, human resources, health financing, and digital health. These reforms aim to modernize Indonesia's healthcare delivery, improve emergency preparedness, and reduce long-standing issues like child stunting and malnutrition. The government has also partnered with international organizations such as the World Bank and WHO to support these initiatives through funding, technical assistance, and policy development. For example, the World Bank has committed over 5 billion since USD 2018 to support health and nutrition programs, while WHO has helped reduce out-of-pocket health expenditures and improve strategic planning. Despite these efforts, Indonesia's healthcare spending remains relatively low at around 3% of GDP, highlighting the need for continued investment and innovation to meet the growing demands of its population (Irmansyah et al., 2020; Nismawati et al., 2022).

In line with the national push for universal health coverage and JKN, Jambi Bugar stands out as a localized initiative tailored to the needs of the prasejahtera (underprivileged) population in Kota Jambi. Introduced as part of the city's RPJMD (Medium-Term Development Plan) for 2018-2023, Jambi Bugar is a health insurance program that provides free access to healthcare services for residents who are economically disadvantaged and not yet covered by BPJS Kesehatan. The program is designed to ensure that all citizens, regardless of their financial status, can receive medical treatment, especially in emergency situations. Eligibility is determined through documentation such as SKTM (*Surat Keterangan Tidak Mampu*), KTP, and KK from Kota Jambi. Once enrolled, participants receive a card that grants them benefits equivalent to BPJS Kesehatan Class 3, usable across Indonesia (Apriani et al., 2022; Hakim, 2020).

Collaborative governance has emerged as a vital framework for improving public health outcomes in Indonesia, especially in the context of decentralized governance and diverse regional needs. Defined as the process where government agencies engage with non-governmental actors in collective decision-making,

collaborative governance in Indonesia's health sector involves partnerships among local governments, civil society organizations (CSOs), academia, private sector entities, and international institutions. This model is particularly effective in addressing complex health challenges such as stunting, maternal and child health, and infectious disease control. For example, in Bekasi City, collaborative governance helped reduce stunting rates from 18.18% in 2018 to just 2.33% in 2023, far surpassing national targets. The success was attributed to inclusive institutional design, facilitative leadership, and active community participation. Collaborative governance also enables the integration of regional policies with national health agendas, ensuring that local interventions are both contextually relevant and strategically aligned (Alderwick et al., 2021; Ansell et al., 2021; Loeffler & Bovaird, 2021).

The implementation of collaborative governance in Indonesia is supported by frameworks such as the Dodeca-Helix model, which incorporates twelve stakeholder dimensions, including government, academia, media, and community groups. Programs like the UNDP's HEART initiative further exemplify this approach by partnering with ministries, CSOs, and global health organizations to improve healthcare access and resilience. Collaborative governance is not without challenges—issues such as unequal participation, lack of trust, and limited monitoring mechanisms can hinder effectiveness. However, when implemented with clear role definitions, shared goals, and transparent communication, it fosters innovation, operational efficiency, and improved health equity. The MADANI program in Pangkep District, for instance, successfully mobilized village governments, youth groups, and healthcare centers to address maternal and child health issues through citizen-led working groups. These examples underscore the transformative potential of collaborative governance in Indonesia's health sector, especially when local aspirations are translated into measurable actions (Loeffler & Bovaird, 2021; McGuirk et al., 2021).

The Jambi Bugar program in Kota Jambi exemplifies collaborative governance at the local level, tailored to address the healthcare needs of economically vulnerable populations. Initiated as part of the city's RPJMD

(Medium-Term Development Plan), Jambi Bugar provides free health insurance to residents who are not covered by BPJS Kesehatan and are classified as *prasejahtera* (underprivileged). The program's success hinges on the collaboration between the city government, healthcare providers, community leaders, and social welfare agencies. Stakeholders work together to identify eligible participants, streamline registration processes, and ensure service delivery. For instance, local health offices coordinate with village heads to verify SKTM documents, while hospitals and clinics are trained to accept Jambi Bugar cards without bureaucratic delays. This multi-actor coordination reflects the principles of collaborative governance shared responsibility, joint decision-making, and mutual accountability (Adu-Baffour et al., 2021; Lopes & Farias, 2022).

Moreover, Jambi Bugar's implementation involves continuous dialogue among stakeholders through coordination meetings and feedback loops. The city government allocates substantial funding over Rp5.9 billion in 2025 to subsidize premiums for nearly 50,000 residents. Civil society organizations play a crucial role in raising awareness and assisting with documentation, especially for marginalized groups such as migrant workers and informal laborers. The program also benefits from digital platforms that facilitate data sharing and monitoring, ensuring transparency and responsiveness. However, challenges persist, including low public awareness, inconsistent data management, and limited outreach in peri-urban areas. Addressing these issues requires strengthening collaborative mechanisms, such as establishing local health forums and enhancing inter-agency coordination. The case of Jambi Bugar illustrates how collaborative governance can be operationalized at the municipal level to deliver inclusive health services, especially when supported by political commitment and community engagement (Berardo et al., 2020; Nasirin et al., 2023).

The future of collaborative governance in Indonesia's health sector, including programs like Jambi Bugar, depends on institutionalizing stakeholder engagement and building adaptive capacities. Sustainability requires not only financial investment but also the development of governance structures that promote inclusivity,

transparency, and innovation. Local governments must foster environments where stakeholders public, private, and civil society can co-create solutions and share ownership of outcomes. For example, establishing Collaborative Health Councils at the city or district level can formalize partnerships and ensure continuity across political cycles. These councils can oversee program implementation, monitor performance indicators, and facilitate community feedback. Additionally, integrating collaborative governance into health education and training programs can build a new generation of leaders equipped to manage multi-stakeholder initiatives (Mwatondo et al., 2023; Sørensen & Torfing, 2021).

Digital transformation also offers opportunities to enhance collaborative governance. Mobile apps for registration, telemedicine platforms, and real-time dashboards can improve accessibility and accountability. In Jambi, leveraging e-government tools could streamline Jambi Bugar's enrollment and monitoring processes, reducing administrative burdens and improving service delivery. Furthermore, cross-sectoral partnerships such as those between health departments and education or sanitation agencies can address the social determinants of health more holistically. The experience of Jambi Bugar and other local health programs demonstrates that collaborative governance is not merely a management tool but a strategic approach to achieving universal health coverage and equitable health outcomes. As Indonesia moves toward its Indonesia Emas 2045 vision, embedding collaborative governance in local health systems will be essential for building a resilient, inclusive, and people-centered healthcare landscape (Nasirin et al., 2023).

Based the previous studies are define there in two kind of concetration of publication, there are like: First, focused on health implementation program in national and local. Second, collaboration of stakeholder in public policy in national level. In this case this article focused to fill the gap that didn't see the collaborative governance prespective in local health program in this case is Jambi Bugar. This articel insisit to answer this question: How collaborative aspct appear and influence in the Implementatoon of Jambi Bugar Program?

2. Methods

This research employs a qualitative methodology to explore the dynamics of collaborative governance in local health programs, with a particular focus on the Jambi Bugar initiative. The study relies on both primary and secondary data sources to ensure a comprehensive understanding of the subject matter. Primary data were collected through in-depth interviews with key stakeholders, including government officials, healthcare providers, and community representatives directly involved in the implementation and management of the health program. These interviews provided rich, contextual insights into the collaborative processes, challenges, and outcomes associated with the program.

In addition to primary data, the research incorporates secondary data obtained through an extensive literature review. This review includes academic journals, policy documents, government reports, and previous studies related to collaborative governance and public health initiatives in Indonesia. The combination of primary and secondary data allows for triangulation, enhancing the validity and reliability of the findings. The literature review also serves to situate the Jambi Bugar program within broader theoretical and empirical frameworks, offering comparative perspectives and identifying best practices from other regions.

To analyze the collected data, the study utilizes Qualitative Data Analysis Software (Q-DAS), specifically NVivo 12 Plus. NVivo is employed to systematically code, categorize, and interpret the qualitative data, enabling the identification of recurring themes, patterns, and relationships. The software facilitates the organization of complex data sets and supports thematic analysis by linking interview transcripts with relevant literature. Through NVivo, the researcher is able to visualize connections between stakeholder narratives and policy frameworks, thereby uncovering deeper insights into the collaborative governance mechanisms at play. The use of NVivo also enhances transparency and replicability in the analytical process, ensuring that interpretations are grounded in empirical evidence (Dalkin et al., 2021; Hilal & Alabri, 2013; Jackson & Bazeley, 2019). Overall, the methodological approach adopted in this study is designed to capture the nuanced realities of collaborative governance in local health

programs, providing a robust foundation for policy recommendations and future research.

3. Results and Discussion

This analysis of this research define in three analysis parts, First, analysis of Collaborative Governance Indicators on Jambi Bugar Program. Second, Narrative Analysis of Collaborative Governance Themes on Jambi Bugar Program. Third, Analysis Actors on Jambi Bugar Program. The analysis explain follows.

3.1. Analysis Collaborative Governance Indicators on Jambi Bugar Program

In this analysis tries to analysis the most impact Collaborative Governance Indicators on Jambi Bugar Program, in this case there are define in three Indicators: Stakeholders Participation, Communication, Stakeholders Trust, Joint Decision Making Mechanism, Successful achievement of Collective Goals. The analysis using Crosstab Query. The analysis explain in figure 1 and table 1.

The dataset outlines five key indicators of collaborative governance: Communication, Joint Decision-Making Mechanism, Stakeholders Participation, Stakeholders Trust, and Successful Achievement of Collective Goals. These indicators are assessed across three institutions: BPJS Jambi City, Jambi City Health Office, and Jambi City Social Services. Each institution's responses are expressed as percentages, culminating in a total of 100% per row, indicating the relative emphasis placed on each indicator. The overall totals at the bottom of the table represent the average distribution across all institutions. This structure allows for a comparative analysis of how each stakeholder prioritizes different aspects of collaboration, shedding light on institutional tendencies and potential gaps in governance practices.

A closer look at the data reveals distinct patterns in how each institution values the components of collaborative governance. BPJS Jambi City places equal emphasis on Communication and Joint Decision-Making Mechanism (18.18% each), with the highest priority given to Stakeholders Participation and Stakeholders Trust (27.27% each), while Successful Achievement of Collective Goals receives the least

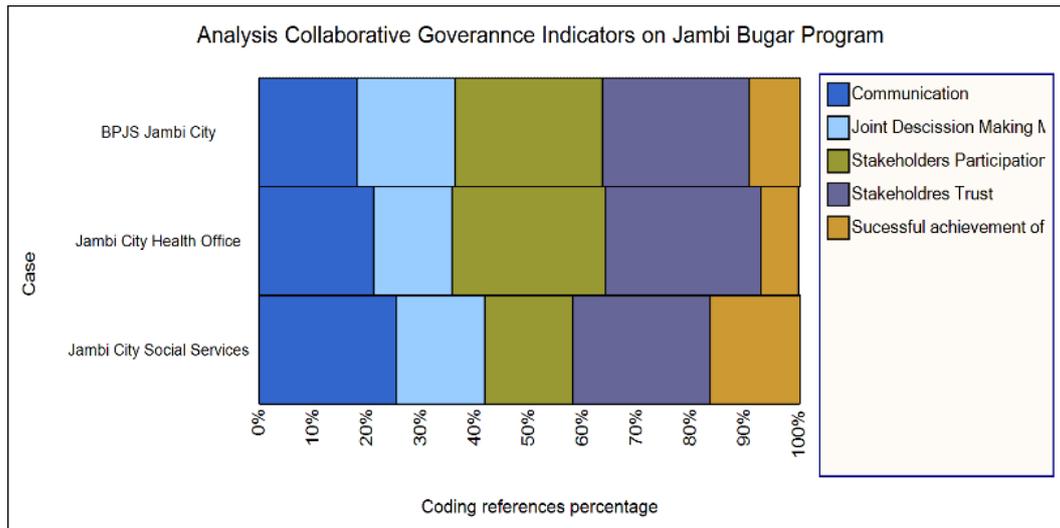


Figure 1. Analysis Collaborative Governance Indicators on Jambi Bugar Program (Source: Nvivo 12Plus analysis).

Table 1. Analysis Collaborative Governance Indicators on Jambi Bugar Program

Actors	Communication	Joint Decision Making Mechanism	Stakeholders Participation	Stakeholders Trust	Successful achievement of Collective Goals	Total
BPJS Jambi City	18,18%	18,18%	27,27%	27,27%	9,09%	100%
Jambi City Health Office	21,43%	14,29%	28,57%	28,57%	7,14%	100%
Jambi City Social Services	25%	16,67%	16,67%	25%	16,67%	100%
Total	21,62%	16,22%	24,32%	27,03%	10,81%	100%

Source: Nvivo 12Plus.

attention (9.09%). In contrast, the Jambi City Health Office shows a slightly different distribution, with Stakeholders Participation and Stakeholders Trust both receiving 28.57%, suggesting a strong focus on inclusivity and mutual confidence. Meanwhile, Communication is valued at 21.43%, and Joint Decision-Making Mechanism at 14.29%, indicating a moderate emphasis on dialogue and shared authority. The Jambi City Social Services department presents a more balanced approach, with Communication and Stakeholders Trust both at 25%, and Successful Achievement of Collective Goals and Joint Decision-Making Mechanism at 16.67%. This suggests a more holistic view of collaboration, though with slightly less emphasis on participatory mechanisms.

When aggregating the data across all institutions, the most emphasized indicator is Stakeholders Trust (27.03%), followed closely by Stakeholders Participation (24.32%) and Communication (21.62%). Joint Decision-Making Mechanism (16.22%) and Successful

Achievement of Collective Goals (10.81%) receive comparatively lower attention. This trend suggests that trust and participation are perceived as foundational elements of successful collaboration in Jambi City's governance context. The relatively lower emphasis on goal achievement may indicate that stakeholders view process-oriented elements such as building trust and ensuring participation as prerequisites for achieving collective outcomes. However, the underrepresentation of decision-making mechanisms could point to a potential weakness in institutional structures that facilitate shared authority and consensus-building, which are critical for sustainable governance.

The analysis highlights both strengths and areas for improvement in Jambi City's collaborative governance framework. The strong emphasis on trust and participation is encouraging, as these are essential for fostering long-term cooperation among stakeholders. However, the relatively low prioritization of Joint

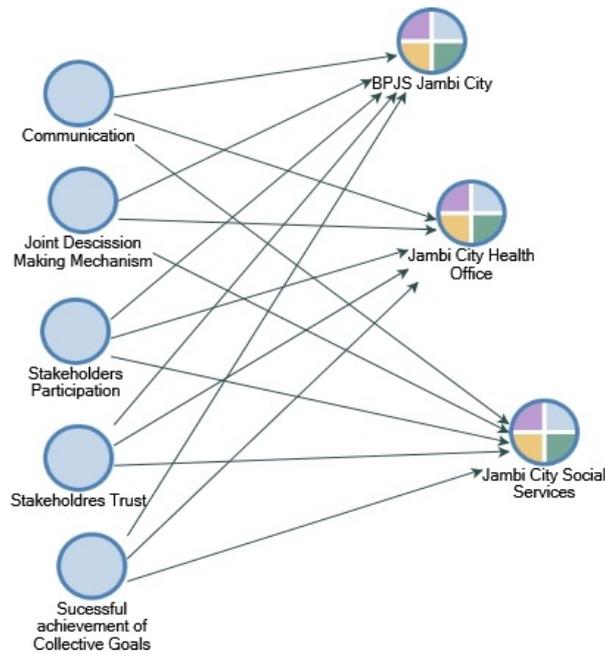


Figure 3. Analysis Actors on Jambi Bugar Program (Source: Nvivo 12Plus analysis).

words may also indicate a formal tone, characteristic of institutional communication. Although these words are less frequent than shorter ones, their inclusion adds depth and precision to the narrative, enhancing its informational value.

The interplay between shorter and longer words in the dataset reveals a balanced linguistic strategy that combines clarity with depth. Shorter words like "tugas" (task), "hasil" (result), and "lebih" (more) serve as connectors or modifiers, facilitating the flow of ideas. Meanwhile, longer words provide the substantive content necessary for conveying complex concepts. This balance is crucial in public-facing documents, where accessibility must be maintained without sacrificing detail. The presence of both Indonesian and English terms, such as "coordination", further suggests a bilingual or internationally influenced context, possibly aimed at cross-sector collaboration. Overall, the word length distribution reflects a thoughtful approach to communication, where the choice of vocabulary supports both engagement and comprehension. This insight can inform future strategies for drafting policy documents, reports, or educational materials, ensuring that language serves both functional and strategic purposes.

3.3. Analysis Actors on Jambi Bugar Program

This analysis tries to analysis and mapping the actors and the indicators. In this case using Mapping analysis. The actors are define in three actors: BPJS Jambi City, Jambi City Health Office, Jambi City Soical Office. The analysis in figure 3.

The diagram presents a networked model of collaborative governance, highlighting five critical factors Communication, Joint Decision Making Mechanism, Stakeholders Participation, Stakeholders Trust, and Successful Achievement of Collective Goals and their influence on three institutions: BPJS Jambi City, Jambi City Health Office, and Jambi City Social Services. Among these, Communication emerges as a foundational element, with arrows linking it to all three entities. This visual emphasis suggests that effective communication is not merely a supportive function but a strategic necessity for inter-organizational coordination. In the context of public service delivery, especially in health and social sectors, communication ensures that policies, programs, and operational directives are clearly understood and consistently implemented. The diagram implies that without robust communication channels, the other governance factors may struggle to function effectively, as misalignment and fragmentation could hinder collaborative efforts.

The second factor, Joint Decision Making Mechanism, is also connected to all three institutions, reinforcing the idea that governance in Jambi City is designed to be participatory and integrative. This mechanism allows for shared authority and collective problem-solving, which is particularly important in multi-sectoral initiatives such as public health insurance (BPJS), community welfare, and social services. The diagram's structure suggests that decisions are not made in isolation but through coordinated deliberation among stakeholders. This approach promotes institutional synergy, reduces duplication of efforts, and enhances accountability. Moreover, joint decision-making fosters a sense of ownership among participating entities, which can lead to more sustainable and context-sensitive solutions. The visual representation of this factor underscores its centrality in aligning diverse institutional goals toward common objectives.

The third and fourth factors Stakeholders Participation and Stakeholders Trust are depicted as equally influential across all three institutions. Their inclusion in the diagram highlights the human dimension of governance, emphasizing that successful collaboration depends not only on structural mechanisms but also on relational dynamics. Stakeholders Participation ensures that various actors, including government agencies, civil society, and possibly beneficiaries, are actively involved in planning and implementation. This broad-based engagement enhances legitimacy and responsiveness. Meanwhile, Stakeholders Trust is portrayed as a critical enabler of cooperation. Trust reduces transaction costs, facilitates information sharing, and encourages risk-taking in innovation. The diagram suggests that trust must be cultivated across institutional boundaries to maintain momentum in collaborative initiatives. Without trust, even well-designed mechanisms may falter due to skepticism or resistance.

The final factor, Successful Achievement of Collective Goals, is shown as the outcome of the interactions among the previous four elements. Its connection to all three institutions implies that goal attainment is a shared responsibility, requiring coordinated action and mutual reinforcement. The diagram positions this factor as both a product and a driver of collaboration, suggesting a

feedback loop where successful outcomes strengthen trust, participation, and communication. In the context of Jambi City, collective goals may include improved public health outcomes, enhanced social welfare, and efficient service delivery. The visual structure of the diagram reinforces the idea that no single institution can achieve these goals independently. Instead, integration and alignment across BPJS, the Health Office, and Social Services are essential. This holistic view of governance encourages policymakers to design systems that are not only technically sound but also socially inclusive and relationally robust.

The research provides a comprehensive examination of collaborative governance within the context of the Jambi Bugar Program, focusing on three analytical dimensions: governance indicators, narrative themes, and actor mapping. The first part of the analysis highlights five key indicators Communication, Joint Decision-Making Mechanism, Stakeholders Participation, Stakeholders Trust, and Successful Achievement of Collective Goals and evaluates their relative importance across three institutions: BPJS Jambi City, Jambi City Health Office, and Jambi City Social Services. The findings suggest that Stakeholders Trust and Participation are the most emphasized indicators, reflecting a governance culture that values relational and inclusive processes. However, the relatively lower prioritization of Joint Decision Making and Goal Achievement points to potential gaps in institutional coordination and strategic alignment, indicating areas for improvement in policy implementation and collaborative structures (Grootjans et al., 2022; Lima, 2021; Ningsih et al., 2022).

The second part of the research uses word frequency and length analysis to uncover dominant themes in the narrative surrounding collaborative governance. Words such as "jambi", "program", "kesehatan", and "koordinasi" appear frequently, suggesting a strong focus on regional identity, structured initiatives, and inter-agency coordination. The analysis of word length reveals a balanced use of short and long words, indicating a communication style that blends accessibility with technical depth. Longer words like "pelaksanaan" and "masyarakat" reflect administrative and community-oriented concerns, while shorter words serve as

connectors that facilitate clarity. This linguistic balance supports the notion that the Jambi Bugar Program is communicated in a way that is both inclusive and informative, catering to diverse stakeholders while maintaining institutional rigor (Dewi & Sulistyani, 2015; Lindholst & Torjesen, 2024; Mariyam, 2018).

The final part of the research maps the relationships between governance indicators and institutional actors, illustrating a networked model of collaboration. All five indicators are shown to influence the three main institutions, emphasizing the interconnected nature of governance in Jambi City. Communication and Joint Decision-Making are foundational for operational synergy, while Stakeholders Participation and Trust are critical for legitimacy and sustained engagement. The achievement of collective goals is positioned as both an outcome and a reinforcing factor, suggesting that successful collaboration strengthens the very mechanisms that enable it. This systemic view underscores the importance of designing governance frameworks that are not only structurally sound but also relationally resilient, ensuring that institutions work together toward shared public outcomes (Samodra & Farah, 2025; Yuditia et al., 2021).

4. Conclusion

The research on the Jambi Bugar Program demonstrates a multidimensional understanding of collaborative governance, integrating indicator-based evaluation, thematic narrative analysis, and actor mapping. The findings reveal that trust and stakeholder participation are central to effective collaboration, while communication and joint decision-making serve as structural pillars that support institutional synergy. The narrative analysis further emphasizes the importance of regional identity, health initiatives, and coordination, reflected through frequent and semantically rich vocabulary. Finally, the actor mapping illustrates the interconnected roles of BPJS Jambi City, Jambi City Health Office, and Jambi City Social Services, showing that successful governance outcomes depend on harmonized efforts across sectors. Together, these insights underscore the need for balanced, inclusive, and strategically aligned governance frameworks to achieve sustainable public service delivery.

Acknowledgment

I would like to express my sincere gratitude to all parties who contributed to the completion of this research on the Jambi Bugar Program. Special thanks go to the stakeholders from BPJS Jambi City, Jambi City Health Office, and Jambi City Social Services for their valuable insights and participation, which enriched the collaborative governance analysis. Appreciation is also extended to the Universitas Jambi that giving opportunity and funding of this research.

References

- Adu-Baffour, F., Daum, T., & Birner, R. (2021). Governance challenges of small-scale gold mining in Ghana: Insights from a process net-map study. *Land Use Policy*, 102. [Crossref](#) | [Google Scholar](#)
- Alderwick, H., Hutchings, A., Briggs, A., & Mays, N. (2021). The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health*. Springer. [Crossref](#) | [Google Scholar](#)
- Anggraini, N. (2023). Healthcare access and utilization in rural communities of Indonesia. *Journal of Community Health Provision*, 3(1), 14-19. [Crossref](#) | [Google Scholar](#)
- Ansell, C., Sørensen, E., & Torfing, J. (2021). The COVID-19 pandemic as a game changer for public administration and leadership? The need for robust governance responses to turbulent problems. *Public management review*, 23(7), 949-960. [Crossref](#) | [Google Scholar](#)
- Apriani, L., Koesoemadinata, R. C., Bastos, M. L., Wulandari, D. A., Santoso, P., Alisjahbana, B., ... & Ruslami, R. (2022). Implementing the 4R and 9H regimens for TB preventive treatment in Indonesia. *The International Journal of Tuberculosis and Lung Disease*, 26(2), 103-110. [Crossref](#) | [Google Scholar](#)
- Berardo, R., Fischer, M., & Hamilton, M. (2020). Collaborative Governance and the Challenges of Network-Based Research. *American Review of Public Administration*, 50(8), 898-913. [Crossref](#) | [Google Scholar](#)
- Dalkin, S., Forster, N., Hodgson, P., Lhussier, M., & Carr, S. M. (2021). Using computer assisted qualitative data analysis software (CAQDAS; NVivo) to assist in the complex process of realist theory generation, refinement and testing. *International Journal of Social Research Methodology*, 24(1), 123-134. [Crossref](#) | [Google Scholar](#)
- Dewi, M. W., & Sulistyani, D. (2015). Perbandingan Premi Asuransi Kesehatan Peserta BPJS Badan Usaha dengan Asuransi Kesehatan Swasta. *Jurnal Akuntansi dan Pajak*, 16(01). [Google Scholar](#)
- Efendi, F., Aurizki, G. E., Yusuf, A., & McKenna, L. (2022). "Not shifting, but sharing": stakeholders' perspectives on mental health task-shifting in Indonesia. *BMC nursing*, 21(1), 165. [Crossref](#) | [Google Scholar](#)
- Grootjans, S. J. M., Stijnen, M. M. N., Kroese, M., Ruwaard, D., & Jansen, M. W. J. (2022). Collaborative governance at the start of an integrated community approach: a case study. *BMC Public Health*, 22(1), 1013. [Crossref](#) | [Google Scholar](#)
- Hakim, L. (2020). COVID-19, tourism, and small islands in Indonesia: Protecting fragile communities in the global coronavirus pandemic. *Journal of Marine and Island Cultures*. [Crossref](#) | [Google Scholar](#)
- Hilal, A. H., & Alabri, S. S. (2013). Using NVivo for data analysis in qualitative research. *International Interdisciplinary Journal of Education*, 2(2), 181-186. [Google Scholar](#)
- Irmansyah, I., Susanti, H., James, K., Lovell, K., Idaiani, S., & ... (2020). Civic engagement and mental health system strengthening in Indonesia: a qualitative examination of the views of health professionals and national key stakeholders. *BMC Psychiatry*. [Crossref](#) | [Google Scholar](#)
- Jackson, K., & Bazeley, P. (2019). Qualitative data analysis with NVivo. Sage. [Google Scholar](#)
- Lima, V. (2021). Collaborative governance for sustainable development. *Peace, justice and strong institutions* (pp. 79-90). Springer. [Google Scholar](#)

- Lindholst, A. C., & Torjesen, D. O. (2024). Special issue introduction: boundary spanning in the age of collaborative governance—insights from nordic local governments. *Scandinavian Journal of Public Administration*, 28(1), 1–10. [Google Scholar](#)
- Loeffler, E., & Bovaird, A. G. (2021). The Palgrave handbook of co-production of public services and outcomes. *Springer*. [Crossref](#) | [Google Scholar](#)
- Lopes, A. V., & Farias, J. S. (2022). How can governance support collaborative innovation in the public sector? A systematic review of the literature. *International Review of Administrative Sciences*, 88(1), 114–130. [Crossref](#) | [Google Scholar](#)
- Mariyam, S. (2018). Sistem Jaminan Sosial Nasional Melalui Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan (Perspektif Hukum Asuransi). *Serat Acitya*, 7(2), 36. [Google Scholar](#)
- McGuirk, P., Dowling, R., Maalsen, S., & Baker, T. (2021). Urban governance innovation and COVID-19. *Geographical Research*, 59(2), 188-195. [Crossref](#) | [Google Scholar](#)
- Miranda, A. V., Sirmareza, T., Nugraha, R. R., Rastuti, M., Syahidi, H., Asmara, R., & Petersen, Z. (2023). Towards stunting eradication in Indonesia: Time to invest in community health workers. *Public Health Challenges*, 2(3), e108. [Crossref](#) | [Google Scholar](#)
- Mukti, A. G., Jaya, C., & Suhardi, R. L. (2022). Current condition of social security administrator for health (BPJS Kesehatan) in Indonesia: contextual factors that affected the national health insurance. *Medical Journal of Indonesia*, 31(2), 87-90. [Google Scholar](#)
- Mwatondo, A., Rahman-Shepherd, A., Hollmann, L., Chiassi, S., Maina, J., Kurup, K. K., ... & Dar, O. (2023). A global analysis of One Health Networks and the proliferation of One Health collaborations. *The Lancet*, 401(10376), 605-616. [Crossref](#) | [Google Scholar](#)
- Nasirin, C., Winaja, I. W., & Pratama, A. F. (2023). Collaborative Governance of Public Health. *Journal of Ethnic and Cultural Studies*, 10(2), 147–165. [Google Scholar](#)
- Ningsih, E. S., Nengsih, D. F., Saryanto, F. S., Larasati, I., Nurvirginawati, A., Aisyah, N. A., Seftina, D., Kurniasih, I. E., Kurniawati, R., & Tianotak, F. J. (2022). Edukasi BPJS Kesehatan dalam Upaya Peningkatan Kesadaran Masyarakat Dusun Kejambon Kidul terhadap Asuransi Kesehatan. *Bangun Desa: Jurnal Pengabdian Masyarakat*, 1(1), 9–13. [Google Scholar](#)
- Nismawati, I., Umaruzzaman, U., & Mahadewi, E. P. (2022). Implication of BPJS for Private Health Insurance Marketing and Business Competition in Indonesia. *International Journal of Health and Pharmaceutical (IJHP)*, 2(3), 580-588. [Crossref](#) | [Google Scholar](#)
- Price, W. N., Sendak, M., Balu, S., & Singh, K. (2023). Enabling collaborative governance of medical AI. *Nature Machine Intelligence*, 5(8), 821–823. [Crossref](#) | [Google Scholar](#)
- Samodra, M. I., & Farah, A. (2025). Status Sosial Ekonomi Individu dan Pemanfaatan Layanan Asuransi Kesehatan: Studi Kasus BPJS Kesehatan Indonesia. UNDIP: Fakultas Ekonomika dan Bisnis. [Google Scholar](#)
- Setiawati, Y., Wahyuhadi, J., Joestandari, F., Maramis, M. M., & Atika, A. (2021). Anxiety and resilience of healthcare workers during COVID-19 pandemic in Indonesia. *Journal of Multidisciplinary Healthcare*, 1–8. [Google Scholar](#)
- Sørensen, E., & Torfing, J. (2021). Accountable government through collaborative governance?. *Administrative Sciences*, 11(4), 127. [Crossref](#) | [Google Scholar](#)
- Wulandari, R. D., Laksono, A. D., Rohmah, N., & Ashar, H. (2023). Regional differences in primary healthcare utilization in Java Region—Indonesia. *PLoS One*, 18(3), e0283709. [Crossref](#) | [Google Scholar](#)
- Yoon, N., Fields, K., Cochran, B., & Nabatchi, T. (2022). Collaborative Governance at Scale: Examining the Regimes, Platforms, and System in the State of Oregon. *American Review of Public Administration*, 52(6), 439–456. [Crossref](#) | [Google Scholar](#)
- Yuditia, A., Hidayat, Y., & Achmad, S. (2021). Pelaksanaan Jaminan Kesehatan Nasional Oleh BPJS Berdasarkan Undang-Undang No. 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional. *Jurnal Magister Ilmu Hukum*, 6(1), 43–61. [Google Scholar](#)
- Zdulharyani, N. (2025). Analisis Interdepartemental Coordination dalam Pelaksanaan Program Jambi Bugar di Kota Jambi. Ilmu Pemerintahan. [Google Scholar](#)