

## The Strategy of Blitar Regency's Government to Increase the Role of Health Center Services in Dealing with Covid-19 Pandemic

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### Abstract

In recent years, the issue of health services has become a national public spotlight in Indonesia. Especially since the Corona Virus Disease (COVID-19) pandemic emerging, where the role of health institutions around the community is very important. This study aims to determine the quality of PUSKESMAS as a health institution with a strategic role in dealing with the COVID-19 pandemic. By the descriptive method which is combined with a quantitative approach, this research was conducted to all PUSKESMAS in Blitar regency. While the reason of Blitar regency has been chosen in this study was due to their success in decreasing rate of the COVID-19 epidemic in several areas in Blitar. Therefore, the discussion in this study will be aimed at analyzing the strategies used by related actors in reducing the spread of COVID-19 in the Blitar regency. The results of this study indicate that the overall quality of PUSKESMAS in the Blitar district is not good enough. However, with an appropriate strategy carried out by the Blitar Government, it can maximize these limitations. Thus, in the end, it may results total reduction in the spread of COVID-19 in several areas.

**Keywords:** Health Service, PUSKESMAS, Capacity, Performance, COVID-19.

### INTRODUCTION

In recent years the issues of health service has adorning the discussion among community in Indonesia [1]. Particularly since the Pandemic of Corona Virus Disease 2019 or known as COVID-19 has rising up and spreading in all region of the country. This situation has quickly lead the Indonesian government to intervene through its policy. However, various steps undertaken by central government seems always to have certain side effects by emerging new problems [2]. One of strategic move undertaken by central government is to establish Administering Body for Health and Social Security commonly known as BPJS. In early times, this embodiment perform good quality of service to help many patients with chronic diseases who have long been waiting for appropriate treatment. However at the end, the BPJS has been claimed to experience a budget deficit up to 18 trillion rupiahs [3]. Moreover, this economic turbulence has been also worsened by financial crises hampered as the systemic effect of COVID-19.

Under this circumstance, the government manages to renew the health service system by filtering BPJS patient through all Community

Health Center (*Pusat Kesehatan Masyarakat*) or abbreviated as PUSKESMAS that is available in all Indonesian territory. Thus all BPJS patient should register their health matters to PUSKESMAS before they are decided to be handled directly by PUSKESMAS for acute light disease or public hospital for chronic disease. This new system is intended to minimize the budget expense on health services covered by BPJS and to prevent further budget deficits.

Generally, it seems to be a good solution to deal with previous budget deficits, but in a more detailed look it can be a trigger for other problems. One prominent problem regarding this decision is the quality of many units of PUSKESMAS in terms of service and performance which is still questionable. According to [4] stated that there is quality gap between PUSKESMAS in urban and rural areas. This statement has also been strengthened by the research of [5] is according to them, lack of capacity, as well as medical facility has become the primary factor of low performance of PUSKESMAS in rural areas.

The correlation between capacity and performance has also can be proven theoretically. [6] describes the capacity is much related to individual, organization or system performing function effectively. On other hand [7] argue that capacity and performance are related to each other and inseparable as the process. According to [7] individual capacity will initiate the development of function, role, as well

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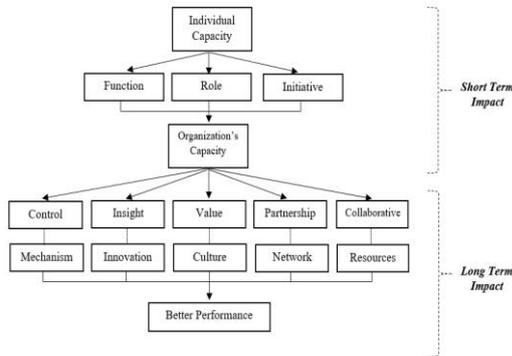
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as initiative to gain an organizational capacity in short term impact while the development of organizational capacity itself will be the trigger for better performance in the long term impact as it can be seen in the following figure.



**Figure 1.** Illustration of Individual Capacity, Organization and Performance Development  
**Source:** Tajvidi and Karami (2015)

Following the illustration in figure 1 above, there are several attributes to reveal the performance of organization. Accordingly this research uses these attributes describes by [7] as the backbone to reveal overall performance in PUSKESMAS to deliver public services.

The research undertaken in this study conducted in Blitar regency as one of developing region which is dominated by rural areas. This location is expected to give an illustration about the real performance of PUSKESMAS in rural areas as conveyed by [4] then the discussion of this paper will be aimed to reveal the reason, problems and possible solution that is decided by the finding of the study. Based on this viewpoint, it can reflect the strategy of Blitar regency government to increase the role of PUSKESMAS to deal with covid-19 pandemic.

**MATERIAL AND METHOD**

It has been discussed in a previous section that this research aims to reveal the capacity and performance of PUSKESMAS in Blitar Regency to conduct the health services. Accordingly, it should be cleared that the health services is still part of public service in health sector. In other words it can be said that the public service as the context while health sector as its content. Thus we can use the satisfaction index to reveal the quality of public service through the user experience [8].

The research of this article applies descriptive research which is conducted through quantitative

method. By this method the researcher try to quantify the satisfaction index of societies who have using the health services of PUSKESMAS. The respondent on this research selected by random mechanism by ignoring certain timeframe. The data will be cross section since it has conducted through all PUSKESMAS in Blitar regency areas.

The number of respondent is determined through the Slovin formula by the following equation.

$$n = \frac{N}{1 + ne^2}$$

Where:

- n* = number of samples
- N* = Population size
- Ne<sup>2</sup>* = margin of error

From this equation, the number of samples obtained should be covered 1483 respondents.

**Data Collection and Analysis**

In a part of data collection, the researcher uses certain questionnaire designed to cover 9 indicators. It consist of;

- a. Requirement
- b. Mechanism and procedure
- c. Time
- d. Cost and Tariff
- e. Product specification
- f. Employee competence
- g. Employee behaviour
- h. suggestion and complaint care
- i. facility

The researcher weighting the perception value from 1 to 4 for all indicator. All of these 9 indicators are settled according to the general procedure to conduct consumer satisfaction index as noted in Ministry of Administrative and Bureaucratic Reform (MENPAN-RB) number 14 year 2017. Following the regulation, there are four steps to conduct the analysis. It comprised of;

- 1) Calculating the average weight (score)

$$N = \frac{a}{x} = \frac{1}{9} = 0.11$$

Where:

- N* = weighted average value
- a* = total weight (1)
- b* = number of indicators (9)

- 2) Calculating the satisfaction survey of each unit

$$SKM = \frac{P}{Q} N$$

Where:

SKM= User Satisfaction Survey

P=Total of perception value (per-element)

Q=Total of filled elements

N=Weighted Average Value (0.11)

- 3) Converting the SKM Value toward the basic value (25)

Converted SKM = SKM Service Unit X 25

- 4) Determine the value of perception, internal, conversion as described in the table 1

**Table 1.** Measurement of Public Service Quality

Perception Value	Internal Value	Converted Value	Quality	Performance
1	1.00 - 2.5996	25.00 - 64.99	D	Poor
2	2.60 - 3.064	65.00 - 76.60	C	Fair
3	3.064 - 3.532	76.61 - 88.30	B	Good
4	3.5324 - 4.00	88.31 - 100.00	A	Very Good

Source: Ministry of Administrative and Bureaucratic Reform (MENPAN-RB) number 14 year 2017

## RESULT AND DISCUSSION

### Result

The result of this research is classified into two main classifications. It comprised of the results for 'out-patient' and 'in-patient' proportion. The term of 'out-patient' is refers to

the patient who manage to leave the PUSKESMAS right after medication process, while 'in-patient' is denotes to the patient who spent more than 1 day under intensive treatment.

#### 1) Result for out-patient proportion

The result for out-patient proportion generated from 24 PUSKESMAS around Blitar regency indicates that most of service quality is still classified into fair category. In short, most of measurement through all indicator is resulting "C" or under 76.60 on its converted value (see table 1). In this occasion, only several PUSKESMASes in the Blitar Regency indicates good quality of services for instance PUSKESMAS in Boro districts which is resulting the value of "B" or more than 76.60. While the health services of PUSKESMAS in Sanan Kulon and Kademangan District also performed good quality in all indicator unless the indicator 9 (ind 9) which is represent the facility.

It has been acknowledged that the low facility is still become the major barrier for many health institutions to maximize their service. Particularly in developing region such as the Blitar regency, which has limited government budget to expand medical facility in all PUSKESMAS for all districts. It is not exaggerated to convey this statement considering the result of this research which has shown lack of facility in 23 PUSKESMAS from all 24 PUSKESMAS in Blitar Regency as shown in the following table 2.

**Table 2.** Summary table for out-patient health service conducted by 24 PUSKESMAS in Blitar Regency

No	PUSKESMAS	Ind 1	Ind 2	Ind 3	Ind 4	Ind 5	Ind 6	Ind 7	Ind 8	Ind 9
1	Boro	77.7	82.6	78.7	78.5	81.8	82.8	80.7	80.1	77.8
2	Sanan Kulon	85.9	83.5	85.9	80.8	82.9	84.6	86.8	77.4	73.8
3	Kademangan	84.0	84.0	82.3	84.9	81.8	81.0	81.4	82.3	74.3
4	Ponggok	79.7	79.2	77.5	80.9	78.5	79.6	79.9	75.1	73.1
5	Srengat	77.0	77.1	72.8	80.1	74.7	75.4	75.3	74.7	72.0
6	Udanawu	76.7	76.7	76.7	75.0	76.7	76.7	75.0	75.0	72.1
7	Garum	76.4	78.6	79.0	80.1	76.6	80.3	81.2	70.1	73.1
8	Wonotirto	76.4	76.1	74.5	85.9	77.6	83.8	89.6	74.3	72.6
9	Sutojayan	76.2	75.0	74.7	70.8	75.4	78.4	79.1	63.7	69.0
10	Panggungrejo	75.8	77.2	73.6	74.6	76.1	73.4	74.1	74.6	74.4
11	Talun	75.4	72.9	77.7	76.3	76.6	77.7	78.9	80.4	73.4
12	Kanigoro	75.4	72.7	70.1	80.6	74.5	73.6	74.7	61.2	66.3
13	Gandusari	75.0	74.8	72.7	75.0	75.0	73.8	75.1	75.0	72.3
14	Nglegok	75.0	75.0	75.6	75.0	75.0	75.0	75.0	75.0	71.0
15	Wates	75.0	74.7	75.8	75.9	75.0	77.7	77.2	75.8	73.0
16	Selopuro	74.6	74.5	75.0	79.7	76.5	75.6	76.9	77.9	70.3
17	Slumbung	74.6	74.2	72.4	73.7	75.0	75.0	75.0	75.0	71.0
18	Kesamben	74.2	76.7	73.6	76.3	75.6	77.5	76.8	73.8	72.1
19	Doko	74.2	73.6	75.0	75.0	73.6	75.0	73.0	75.0	69.6
20	Bakung	73.6	71.2	69.7	75.7	72.1	73.1	74.9	67.1	70.3
21	Wonodadi	72.1	75.3	74.5	74.6	74.9	75.2	75.4	75.3	69.9

22	Wlingi	71.7	73.9	72.8	74.3	74.5	74.3	75.8	74.7	70.7
23	Bacem	71.5	71.1	74.0	75.0	71.1	73.8	73.9	69.2	71.8
24	Binangun	70.9	74.6	74.5	74.8	74.5	74.8	74.8	75.0	65.3

Source: Author

According to the data presented on table 2, several information can be highlighted. First, only PUSKESMAS in Boro district that obtain “B” quality in all indicator. While the rest of 23 other PUSKESMAS presenting various quality ranging from “A” to “C”. Second, almost all of PUSKESMAS in Blitar regency still lack of medical facility (ind 9) to conduct good service quality.

#### 2) Result for In-patient proportion

The result of In-patient proportion is slightly different from the earlier data. Unlike the previous data from out-patient proportion which

has conducted through 24 PUSKESMAS, the data from in-patient proportion only conducted through 17 PUSKESMAS. The reason behind this distinction is not all PUSKESMAS in all districts of Blitar Regency has appropriate facilities to conduct the in-patient service. Thus the research toward in-patient services will only be conducted through 17 that have appropriate facilities. In a more detailed look, the result of in-patient proportion can be observed through the following table 3.

**Table 3.** Summary table for in-patient health service conducted by 17 PUSKESMAS in Blitar Regency

No	PUSKESMAS	Ind 1	Ind 2	Ind 3	Ind 4	Ind 5	Ind 6	Ind 7	Ind 8	Ind 9
1	Kademangan	89.2	85.2	88,1	91,5	78.2	93.2	95.9	76.6	84.7
2	Wonotirto	81.2	81.2	81,2	83.3	82.9	91.6	93.7	77.0	80.9
3	Gandusari	80.9	82.8	79,8	83.3	81.6	81.1	83.1	78.8	78.9
4	Boro	77.9	85.2	80,8	77.5	80.2	84.4	82.7	76.7	78.6
5	Ponggok	78.3	80.0	74,5	76.4	77.3	76.1	76.5	75.3	72.8
6	Udanawu	73.3	73.7	75,0	75.0	74.0	75.0	75.0	75.0	75.0
7	Srengat	75.0	75.7	75,2	78.9	74.8	76.5	75.8	75.0	71.7
8	Sutojayan	72.9	73.4	75,0	74.0	75.0	75.8	75.3	69.0	71.4
9	Wonodadi	75.0	75.0	75,0	75.0	73.5	75.0	75.0	75.0	68.2
10	Nglegok	75.0	74.9	75,0	74.8	75.0	75.3	77.3	75.0	71.7
11	Wates	75.6	75.1	78,3	75.6	75.0	75.0	74.3	74.8	71.7
12	Selopuro	74.0	75.0	82,6	72.9	75.0	82.4	78.6	81.1	77.0
13	Kesamben	76.4	77.8	78,4	78.8	77.7	80.6	79.9	77.7	74,6
14	Doko	75.0	74.0	76,0	72.9	75.0	75.3	81.3	75.0	69.2
15	Bakung	73.8	74.1	74,5	97.4	75.0	91.1	97.3	75.0	77.2
16	Talun	75.0	75.0	82,8	78.2	78.7	79.3	77.0	82.1	77.3
17	Binangun	64.7	74.2	75,0	75.0	75.0	75.0	75.0	75.0	62.7

Source: Author

Regarding the data summary presented in table 3, it can be concluded that the health services for in-patient category contains a huge gap of quality. For instance, in one hand it can be said that several of PUSKESMAS in Blitar districts have “A” score such as in PUSKESMAS Kademangan, Wonotirto, and Bakung Districts which is refers to the highest value (100,0- 88,1). However, in other hand, the other PUSKESMAS even failed to reach “B” score, which mean they only get C or D score. It is happened in many small districts such as Udanawu, Sutojayan, Binangun, and Wonodadi. This wide range of quality should become the primary concern of Blitar regency government to increase the health service quality especiall during the Covid-19 pandemic.

#### Discussion

In this paper, the discussion is primarily aimed to reveal the problem, reason, as well as possible solution reflecting the government strategy to increase the role of PUSKESMAS to deal with Covid-19 pandemic. Although in this occasion, it should be noted that the existence of PUSKESMAS it not the main actor to combat Covid-19 comparing to local hospital. However, it may perform an effective contribution through filtering process of patient. Thus, the local hospital only may only deal with Covid-19 patient or in-patient with serious illness. Regarding this fact, the research reveals two main strategies. First, the effective performance through program refocusing and budget reallocation. Second, inter-organizational collaboration by stepping on

Covid-19 task force. The discussion section will also be completed by elaborating the result of both strategies which are performing significant result.

1) The effective performance through program refocusing and budget reallocation.

The basic principle of program refocusing and budget reallocation within health institution in Blitar districts is to convert the long term programs with periodic benefit into short term program with immediate benefit. This program conversion also being supported by budget reallocation policy which enables the health institution like PUSKESMAS to cover extra program that is related to Covid-19 prevention. Theoretically, the strategy of Blitar regency government is relevant with the capacity building theory explained by [7], in which according to their explanation there are two different orientations to enhance the organization performance. It consists of short term and long term orientations within organization program.

In previous phase before the Covid-19 pandemic spreading in Blitar regency, the government manage to focus on long term development program which guarantee the better performance in long term period such as improve the employee education, comparative studies, practical training, technical guidance development and many other long term programs. However, these long term program should be suspended due to the Covid-19 pandemic. The budget accolation for those long term program was reallocated toward the new short term programs such as the provision of better Personal Protective Equipment (PPE) for medical employees to improve their role and fuction. In short, it can be inferred that based on this viewpoint the teory of Tajvidi and Karami shows a relevancy toward this case. It is possible for PUSKESMAS in other region to adopt this theory to conduct similar program.

2) Inter-organizational collaboration through Covid-19 task force.

The second strategy after the program refocusing and budget reallocation is inter-governmental collaboration through Covid-19 task force. Under this strategy, the health institutions enhance their collaboration by building many new partnership with related institution. Unlike the previous strategy which is supporting the theory of Tajvidi and Karami (2015), this strategy shows primary contradiction with their statement. According to Tajvidi and Karami (2015) the option to strengthen a

collaboration may contribute toward the long term impact and it is less suitable for chasing short term purposes.

However, the finding in this research has giving a contradictive evidence. It can bee seen that some of PUSKESMAS in remote area such as Nglegok, Doko, Bakung, or Wonodadi Districts have their limitation to handle either out-patient and in-patient services but by this collaboration the number of Covid-19 in those districs would be able to minimized (see figure 2). This research also found the reason behind this contradiction, which is laid on the coordination mechanism. In theoretical perspective conveyed by Tajvidi and Karami (2015) the collaboration is performed to share the interest and resources among the actors, without sharing mutual vision among them.

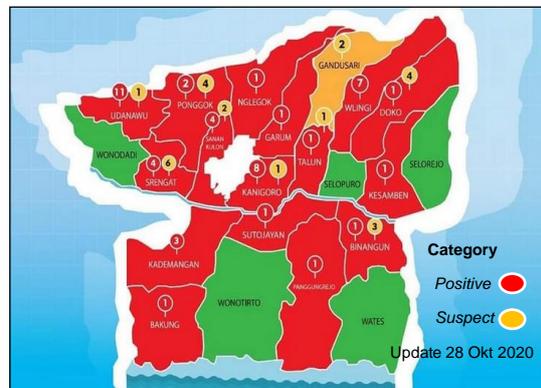


Figure 2. Covid-19 Uptade in Blitar Regency (28 October 2020)

Source: Local Disaster prevention Commission of Blitar Regency (2020)

However, under this collaboration the mutual vision has shared among related institutions by good coordination. The coordination is motorized by Blitar regency government as the main coordinator to perform effective command within the collaboration itself. Therefore, by appropriate coordination the collaboration may generates significant result for short term impact.

**Conclusion**

According to the result and discussion in this article, it can be concluded that the quality of PUSKESMAS in Blitar regency is still below the good category. Most of them are classified into a fair category or lays in an average position. This condition will automatically lead to an inhibiting factor due to the limitation of capacity to maximize their health services, especially during the Covid 19 pandemic. While to overcome this

limitation the local government of Blitar regency uses two main strategies. First, strengthening the capacity of the organization through converting the long term program into short term program is expected to give an immediate impact to counter the pandemic of Covid-19. Furthermore, the second strategy is applied by improving the networks among related institutions through a collaborative process. Where is according to Tajvidi and Karami (2015), the collaboration mechanism is an effort to improve organizational performance with long-term benefits. However, the result of this study indicates the contradiction by proving that collaboration may also generate an impact in short term if it is conducted by good coordination and communication. It has been proven to successfully reduce the number of suspected Covid-19 number in several districts around the Blitar Regency.

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