

**Improvement of Public Health Services in the Era of Regional Autonomy in  
Sidoarjo Regency, Indonesia**

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## **Improvement of Public Health Services in the Era of Regional Autonomy in Sidoarjo Regency, Indonesia**

### **Abstract:**

The World Health Organization (WHO) states that there are three dimensions, that must absolutely be considered, to improve the public health, namely (1) what the percentage of the population is guaranteed, (2) how complete the services are guaranteed, and (3) how much the direct costs are borne to the population. Meeting the need for health services must be supported by various health facilities and institutions. Procurement of health facilities is carried out jointly by the government and the private sectors by taking into account the factors of effectiveness and achievement for the poor and special groups such as infants, toddlers and pregnant women. The higher the demand of the people for the quality of health services and facilities, the harder the government must strive to meet them to gain the excellent service. The quality service must be implemented in all facilities of government and private health centers. Through the better quality of health service, it is highly expected that the people will be more interested in utilizing the health care facilities such as primary health cares, hospitals and others. It is expected that the greater authority of the regional government in the era of autonomy can accelerate the bureaucratic reform encouraging the realization of the excellent service in the health sector. In order to be able to provide satisfactory services to the people, some various systematic and comprehensive efforts are necessary to carry out related to the development of technology in the health sector and the better treatment of the diseases. Improving excellent service is compulsory to serve the people satisfactorily.

Keywords: Service, Public, Health, People

## Introduction and background of study

Some factors became the obstacles for the people from some villages to access to the health services. Those obstacles were the limited facilities and health personnel. As many as 60% of villages were still lack of midwives in their rural polyclinics, 43.9% were lack of nurses at the primary health cares, 23.30% were still lack of staff in the village health posts, and 27.9% or as many as 80 villages did not have any health facilities at all. Another factor that inhibited the access to the health services was the limited budget, which was only 7% of the total Regional Revenue and Expenditure, allocated by the regional government (<http://repository.ut.ac.id/547/>). More than 80% of health problems was highly supposed to be able to be properly managed at the primary level. (<https://www.facebook.com/UGM>). The percentage of patients of the primary health cares referred to the hospitals was 21%. The referral cases due to the inability of the primary health cares to handle were the treatments of some severe diseases and the unavailability of facilities to carry out the laboratory examination. (Lasudi 2015: 108)

The main complaints of the poor health services both at the central and regional levels were mostly related to long queuing, complicated administration, down payment, transparency, services for the poor, and hospital rejection (<http://vitaorin.blogspot.co.id/2012-09/article>). The World Health Organization (WHO) states that there are three dimensions, that must absolutely be considered, to improve the public health, namely (1) what the percentage of the population is guaranteed, (2) how complete the services are guaranteed (Amri Yusuf, 2016), and (3) how much the direct cost is borne to the population. Meeting the need for health services must be supported by various health facilities and institutions. Procurement of health facilities is carried out jointly by the government and the private sectors by taking into account the factors of effectiveness and achievement for the poor and special groups such as infants, toddlers and pregnant women (Anoname, 2013)

The results of Soleh's research indicated that the higher the demands of the people for the quality of health services and facilities, the harder the government had to strive to improve the excellent service. (Soleh Iskandar<sup>1</sup>, 2016, 4) The quality services had to be implemented in all government and private health service facilities. Through the better quality of health service, it is highly expected that the people will be more interested in utilizing the health care facilities such as primary health cares, hospitals and others. (Pohan I S, 2002) Health is one of the services of the public sector prioritizing the satisfaction of the people through the quality of health services. Indonesia still faces some problems of equity and affordability of health services, and it is estimated that only about 30% of the population uses the health services. (S. Rondonuwu. 2014: 5)

To improve the health services, the government can implement a specific model of contract to provide a certain type of services, such as a non-clinical service (Bhisma Murti. 2006: 116) The mechanism of BPJS services is generally divided into two (1) Emergency patient services; (2) Ordinary patient services (Filu Marwati Santoso Putri, 2014) Several methods are carried out by the officers of health to avoid the accumulation of patients and to give better services, and they are as follows: (a). Queues on health, and (b). Doctors practice, in the ranks of primary health care for patients to reduce the focus of primary care in health, (Syahdat Nurkholiq, 2011) The management of facilities and human resources in health sector and hospitals is still not able to meet the needs of the people for health referral services. Networking in the referral process is still done partially and there is no integrated communication network system of all health offices and hospitals. (Ignasius Luti, et al, March 2012: 33)

The greater authority of the regional government in the era of autonomy is highly expected to accelerate the bureaucratic reforms encouraging and accelerating the realization of excellent service in the health sector. In order to be able to provide satisfactory services to the people, some various systematic and comprehensive efforts are necessary to carry out related to the development of technology in the health sector

and the better treatment of the diseases. Developing the excellent service in the health sector is expected to be able to serve the people satisfactorily so that the public health will be better. The problem of the study is formulated as follows: What are the inhibiting factors in the improvement of Public Health Services in the Era of Regional Autonomy?; How to improve Public Health Services in the Era of Regional Autonomy?

### **Factors Affecting Health Services**

Several factors affecting the quality of health services include: (1) Limited number of Officers. The number of officers is one aspect that supports the health services to patients in hospitals. The limited number of them can result in the poor implementation of qualified and optimal services to meet the patient satisfaction. (2) Responsiveness of the officers relates to their alertness aspect in meeting the patient's needs to gain the desired services. (3) Reliability of Officers. The reliability relates to the level of ability and skills possessed by the officers in organizing and providing the health services to patients in hospitals. (4) Availability and completeness of facilities. Facility is a means of assistance for agencies or institutions and health workers in providing services to patients in hospitals. The condition of adequate facilities will strongly help to provide better services to patients.

(<http://blogjoeharno.blogspot.co.id>)

Some obstacles to provide such qualified health services are: a) the large number of queueing patients in the waiting rooms; b) the expectation of patients for such standby doctors in the inpatient and emergency health care installations to provide any services at any time; c) the earlier operational time of admissions for hospitalized patients. (Ahmad Rizkita Fajaruddin 2015) Whereas the research of Hadi (Hadi, 2015) suggested that the improvement health services for the poor was supposed to be carried out synergistically involving all parties in the health services, especially, related to the relationship between the central and the regional governments, the institutions in the

region, improving the competence of both hard and soft skills of the apparatus, and increasing the quantity and quality, especially, in health services at the primary level.

Excellent service is exactly like a qualified health service that meets or exceeds the customer expectations and provides services in accordance with the Standard Operating Procedure (SOP) of Health Service. Continuously improving the quality of health services is supposed to be carried out by implementating Integrated Total Quality Management. (<http://promkespkmbanggae1>) Primary Health Cares as the First-Level Health Facility (HLHF) are factors related to the satisfaction of patients on National Health Insurance (NHI) so that all types of HLHF are expected to improve service quality, especially, in the dimensions of tangibility, reliability, and attention (empathy) (Ni Made Widiastuti. 2015: 73) There are several aspects that have some effects on the improvement of the quality of health services such as (1). Reliability, (2). Responsiveness, (3). Assurance, (4). Empathy, and (5). Physical evidence (tangibles). (Nizwardi Azkha, 2007: 71) One of the dimensions with the lowest score is the responsiveness. It is closely related to the complaints of many patients about the willingness of officers to serve patients quickly, especially, to the participants of Public Health Insurance (Jamkesmas). (Retno Eka Pratiwi, 2013)

### **Policy for Improving Excellent Service in the Field of Health**

The elements of excellent service as referred to in the decision of the Minister of Utilization of State Apparatus No. 81/1993 include (1). Simplicity, (2). Clarity and Certainty, (3). Security, (4). Openness, (5) Efficiency, (6). Economical, (7). Equitable Justice, and (8). Punctuality. Good behavior in providing services (<http://idibalikpapan Kaltim>): It is stated in the regulation of Republic of Indonesia No. 36 of 2009 article 1 paragraph 11 that health services are "every activity and/or series of activities carried out in an integrated and sustainable manner to maintain and improve the health status, treatment of diseases, and health recovery by the government and/or the community."

There are three basic concepts that must be highly considered in realizing the excellent service, and they are as follows: a. Concept of attitude. The success of the business of service industry will greatly depend on the people involved in it. b. Concept of attention. In carrying out service activities, an officer of a service industry company must always pay attentions to and look seriously at the customer desires. c. Concept of action. In the concept of attention, the customers "show their interest" to buy the products offered. In the concept of action, the customers have "made a choice" to buy the product they want (Debi Yulivia, 2014: 1902-1914) The Decree of the Minister of Health No. 128/Menkes/Sk/Ii/2004 states the principles of implementation, regional responsibility, community empowerment, integration, and reference.

In Indonesia, some efforts to set up the standards of public service within the framework of improving the quality of public services have actually been carried out for a long time. They can be seen through the issuance of various policies such as: (Sutopo, Adi Suryanto, 2006) a. Presidential Instruction No. 5 of 1984 concerning the Guidelines for Simplification and Control of Licensing in the Field of Business; b. Decree of the Minister of Utilization of State Apparatus No. 81 of 1993 concerning the Guidelines for the Procedures of Public Service; c. Presidential Instruction No. 1 of 1995 concerning the Improvement and Quality Enhancement of Services of Government Apparatus to the people; d. Circular of the Coordinating Minister of Wasbangpan No.56/Wasbangpan/6/98 concerning the Real Steps to improve the public Service. Instruction of Minister of Home Affairs No. 20/1996; e. Circular of Menkowasbangpan No. 56/MK.Wasbangpan/6/98; Menkowasbangpan Letter No.145/MK.Waspan/3/1999; and Circular of the Minister of Home Affairs No. 503/125/PUOD/1999, they are all related to the improvement of service quality; f. Decree of the Minister of Utilization of State Apparatus No. 81/1993 concerning the Guidelines of Public Service Procedures; g. Circular of the Ministry of Home Affairs No. 100/757/OTDA concerning the Implementation of Compulsive Authority and Minimum Service Standards in 2002; h. Decree of the Minister of Utilization of State



Apparatus No: 63/KEP/M.PAN/ 7/2003 concerning General Guidelines for the Implementation of Public Services.

### **Methodology**

Qualitative approach was implemented in this research and it was expected to be comprehensively and deeply studied. The research began with the assessment of health capacity in providing the excellent service to patients. After that some other assessments on the various factors and problems affecting the health services were carried out. This research took place in Sidoarjo Regency, East Java, Indonesia. It is a district city that is close to the capital city of East Java Province so that more factual information is expected to be obtained for the process of improving health services in a developing city with its various problems of more complex health service. Sidoarjo was chosen as the appropriate location of the study after considering some various problems of health services faced by the regional government. By making the region as a research location, it is hoped that the results of this study can be used as a Prototype for others. The main sources of information in this study were the District Health Office, Primary Health Cares, Health Managers, Medical and Health administration Personnel, participating patients receiving some services in the health sector. The source of information was purposively determined and based on the rank of the class of health workers while the patients were randomly selected. A snowball technique was applied to determine and obtain a source of information; thus, it is expected that complete, in-depth and comprehensive information was obtained. **Data collection technique** Some data related to the legal materials and health service reports as secondary data were collected. These materials were compiled, and then studied carefully so that the essence, in the form of ideas, proposals and arguments, as well as related provisions, could be obtained. The interviews conducted with the information sources were determined purposively. In-depth interview techniques were used to obtain some data since it was very appropriate to obtain the data



of the organizational activities, motivations, feelings, attitudes and so on (Heru Irianto, 2001). They were conducted with the intent to explore any deep and comprehensive information about: Factors of health constraints in providing excellent service; Health Management and response of people to Health services where they are treated. Through this way, data relating to the capacity and performance of the Primary Health Cares in providing the excellent service in the health sector could be obtained. After in-depth interviews were completed, the results were discussed in Focus Group Discussion (Bungin, 2001: 172). This technique is suitable for multiplying data more deeply and comprehensively from the various perspectives and complementary thoughts and mutual corrections. In this study the FGD was used to capture any information from the various parties directly involved in the role of health. The information about laws and regulations and problems of the parties were discussed to find out the solutions so that a more comprehensive and holistic draft of the Model was drawn up.

## **PRESENTATION AND DISCUSSION OF FINDINGS**

### **Barriers to Improving Public Health Services in the Era of Autonomy.**

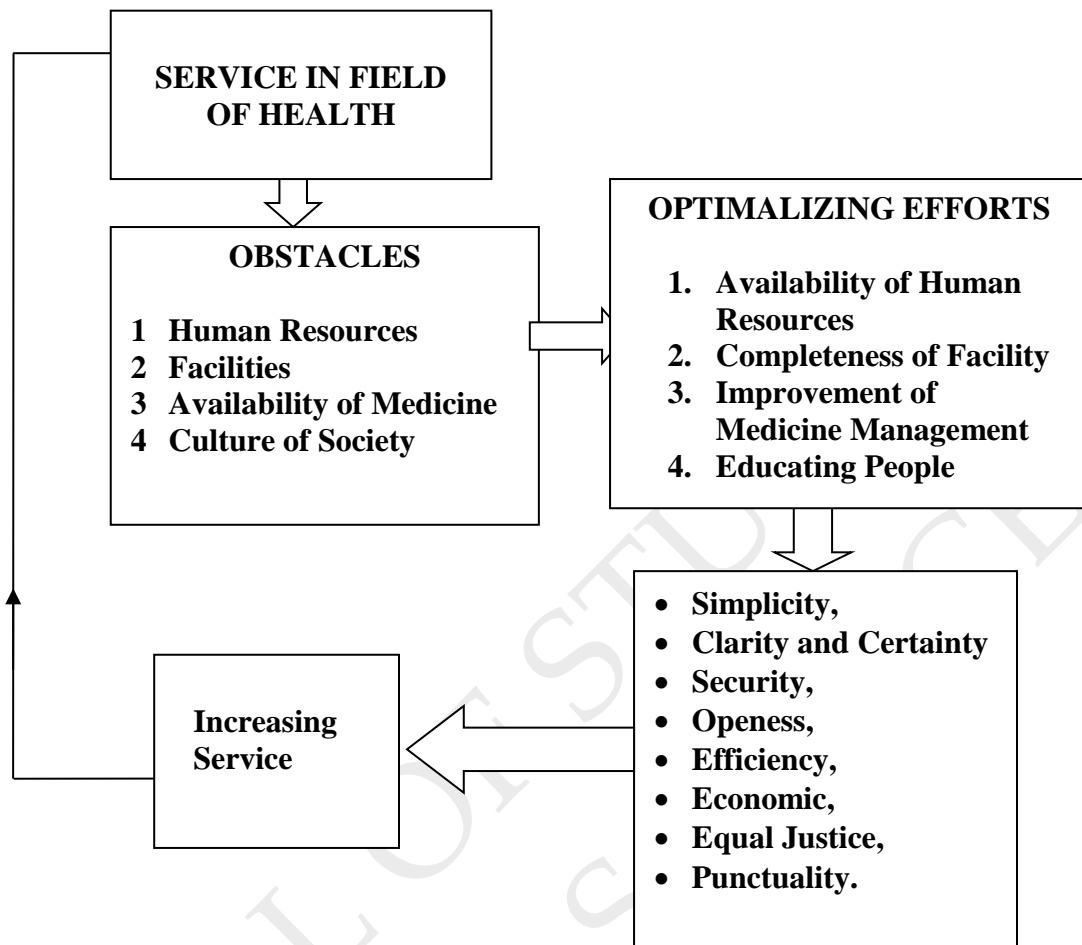
Any efforts to provide quality services can be done by taking into account the size of the criteria for the service performance. According to the State Administration Agency (Anoname, 2003), the service criteria include: (a) Simplicity. It is the procedure of service that can be carried out easily, smoothly, and quickly, and it is easily understood and implemented by the customers; (b) Reliability. It includes the consistency to maintain the performance and keeps the interdependence between customers and service providers, such as maintaining the accuracy of the financial calculations, and carefully recording the data and punctuality; (c) The responsibility of service personnel. It includes the service in the order of time, and contacting the customer as soon as possible if there is something need to be immediately informed; (d) The skills of service personnel. It means that the service

personnel are supposed to master the necessary skills and knowledge; (e) Approach and ease to customers. It is not difficult to contact the officers and Service personnel. They must be easily contacted by customers, not only by direct meetings but also by telephone or internet. Therefore, the location of service facilities and operations are also highly considered; (f) Hospitality. It includes patience, attention and friendship between service officers and customers. Friendliness is only needed if the customer is included in the concrete consumer. Conversely, the service provider does not need to apply excessive hospitality if the services provided are not consumed by customers through direct contact; (g) Openness. It is the right of the customers to find out easily all kinds of information they need, including procedures, requirements, time of completion, costs and others; (h) Communication between officers and customers. Good communication with customers is that the customers are able to obtain any information that is entitled to be obtained from the service providers in the language that they understand; (i) Credibility. It includes the existence of mutual trust between customers and service providers, any efforts that make service providers still worthy of trust, honesty to customers and the ability of service providers to keep customers loyal; (j) Clarity and certainty. They focus on the detail procedures of service fees and payment, and the schedule of service completion. It is very important because customers should not have any hesitations about the services provided; (k) Security. It is an effort to provide the security and freedom to customers from the danger, risk and doubt. The security guarantees that must be given are in physical form, financial security and self-confidence; (l) Understanding customers' expectation. It is not difficult to understand what the customers need and want. It can be started by seriously understanding and studying their special needs and desires by providing some personalized attention; (m) Reality. It includes some evidence or tangible manifestations of the services in the form of physical facilities, the presence of officers

or personnel who serve customers, equipment used in providing the services, identification cards and other supporting facilities; (n) Efficiency. It is the service requirements that are only limited to the matters directly related to the achievement of service goals and taking into account the integration between the requirements and the service products.

Various conditions affecting public health include: (1) Poverty. The poor are included in the vulnerable group because of the lack of knowledge and access to the health care facilities. The out of pocket system is still used for the Financing of Public Health. The level of dependence of the people or community on the government is still very high. The National Health Insurance system has not been well implemented and run while the health financing of the government has not been optimally explored because the financing of health from various sectors is not clear. (2) Lack of Healthy Life Behavior. The role of the people or community is still low to support a Clean and Healthy Lifestyle so that it is not easy for them to change their bad, unhealthy habits. The percentage of people who smoke inside their houses is still high, and the coverage of exclusive breastfeeding and the scope of weighing infants and toddlers every month are very low. (3) The emergence of various new diseases. Climate change and global warming have a significant impact on the public health. The government has to be aware and anticipate the emergence of new diseases as a result of various changes in the environment and society. (4) Lack of cross-sector roles in health development. Finding the right solution to solve various public health problems cannot be done by Health Office alone. It cannot be resolved partially. It must be completed comprehensively involving other sectors.

**Health Service Improvement Model**



Various obstacles in the improvement of health services in Sidoarjo Regency are as follows: Human Resources (HR). Human Resources play an important role compared to other resources. The gap in both quality and quantity of the human resources is the main obstacle in the improvement of health services. Its limitation in number has a significant impact on the lack of proper placement of the officers and personnel resulting in the poor effectiveness and efficiency of the implementation of the services. Also, the lack of competencies of the medical personnel is another serious problem. Their number is not comparable to the increasing number of the population, patients, and the development of various new diseases.

Facilities. Health facilities are indicators that immediately influence the satisfaction of patients in health services. They are directly related to care the patient's health or to treat the patient's disease. They include the buildings, service rooms, and various health equipment used in providing health services to the people. Medicine or Drug availability. The availability of adequate and complete medicines is the main key to provide the excellent service to the people. It is one of the determinants of health efforts in treating the patients after the medical personnel. It is necessary to manage the medicine or drug availability to guarantee the readiness when they are needed by the patients at any time. The unavailability of medicines makes some health efforts carried out by the medical personnel become meaningless because it can cause the treatment stops. To deal with this problem, an improvement of the system and procedure to provide them, starting from the planning, purchasing and funding, has to be carried out as soon as possible.

Culture of Community. Healthy living is the key to success in improving the public health. Some efforts to improve the healthy behavior in providing some services to the people or community are actually important to do. However, they are often forgotten and less effective. Technically, improving the healthy living behaviors has to involve several related agencies such as the local government of the village, agencies of social and labor services and so on.

### **Improvement in the Field of Health Services in the Era of Regional Autonomy**

Primary Health Care is the spearhead of the regional government in optimizing the improvement of public health, especially, for the middle and lower class. To improve the excellent service, the health department has determined the Indicators of the Main Health Performance related to the quality of services that has an impact on the higher satisfaction index of the people. The indicators include: (1) Standardizing the health services with the accreditation of Primary Health Care. It is an acknowledgment of an independent institution to the quality of services. (2)

Innovating in providing the services through a queue system, an integrated paperless medical record services starting from queuing (standing in line) up to getting the medicine. (3) Recruiting non government service personnel to meet the ratio of the number of service personnel according to the standard.(4) Promoting the promotive and preventive efforts and synergizing with the curative rehabilitative efforts. (5) Relocating the Primary Health Care of Gedangan to a standardized area to meet the requirements. (6) Building some new Primary Health Cares in densely populated areas in 2019.

Several things are done to optimize the services in the health sector, and they include: (a) Development of Community-Based Health Efforts (CBHE). In order to increase the coverage of health services to the people or community, various efforts are made by utilizing the existing potential and resources. CBHEs in Sidoarjo Regency include: Village Maternity Lodge (Polindes), Village Health Post (Poskesdes), and Integrated Service Post (Posyandu). The existence of CBHE is expected to have the ability to achieve the goals of the health programs based on the self-reliance and community care. (b) Health Facilities and Private Support. Private health facilities consist of: General Hospital, Maternity Hospital, Child and Maternity Hospital, Medical Center, Clinic and Pharmacy and Laboratory. In the analysis of the point of view, the private health facility, for the regional Health Office of Sidoarjo, is a manifestation of the role of the private sectors to give their contribution to improve the access of health services and to increase the coverage of health programs.(c) Partnership. The principle of partnership is carried out in the context of community empowerment based on enthusiasm, togetherness and mutual cooperation by involving across sectors, community organizations and the private sectors.(d) Accessibility. In general, it is relatively easy to reach health services that are supported by adequate transportation facilities and infrastructure. (e) The progress of Science and Technology is utilized to support the development of

health.(f) The increasing level of the education of the people will indirectly affect the implementation of health development because the higher level of education of the community is expected to increase the degree of health. (e) The political commitment of the legislature to the development of health is expected to be able to support the acceleration to improve the health sector.

The improvement of public health services can be seen from some various indicators as follows:

(1) Infant Mortality Rate.

Reducing infant mortality (IMR) is one indicator that shows the success of health services in a region. In Sidoarjo Regency in 2017 the infant mortality rate (IMR) was 5.45 per 1,000 live births, and it was much lower than the target of <12 per 1,000 live births. In 2016 it increased to 4.26 per 1,000 live births. It was due to the condition of the baby such as the nonoptimal maternal care during pregnancy, mothers with high risk conditions, and complications. All of these could result in infant death. In addition, after-birth care is also a vulnerable period of the baby. related to the intake, environment and knowledge. All efforts to reduce the rate of IMR were not well and optimally done.

(2) Maternal Mortality Rate (MMR).

Maternal Mortality is death that occurs in mothers due to the events of pregnancy, childbirth and the puerperium, except for accidents. In 2017 the MMR in Sidoarjo was 82.62 per 100,000 live births. It was lower than the target of <87 per 100,000 live births. It increased if it was compared to that of 2016, which was 66.34 per 100,000 live births. It occurred due to the delays in handling 3T: 1. Too late to detect and make decisions by health personnel and the community; 2. Too late to make referrals; and 3. Too late to get some treatment at the referral place. (3) Some efforts have been made to reduce the maternal mortality rate, and they include: the implementation of the standardardized



services for pregnant women (ANC integrated-10T), the improvement of skills of health personnel in the Normal Childbirth Care (Asuhan Persalinan Normal), and mother class, the utilization of MCH book for all mothers and health personnel to obtain some information and monitor the health of pregnant women, refreshing high risk detection by the community (health cadres, PKK, etc.). Optimization and Empowerment of the villages with the programs of Delivery Planning and Complication Prevention (DPCP), and attaching DPCP stickers in the context of community empowerment. The Community Empowerment was designed in the form of 4 Working Groups with their different job descriptions: Working Groups I: responsible for Data Collection, Marking, and Mentoring; Working Groups 2: responsible for the management of Tabulin & Dasolin; Working Group 3: responsible for Blood Donor; and Working Group 4: responsible for Village Ambulance. The other activities of Community Empowerment were: Conducting the assessment of the management of maternal and neonatal emergencies through skill assessment targeting the health personnel (midwives), Optimizing the referral system: sms gateway, SIJARIEMAS, including the planning of earlier referrals, Conducting Maternal Perinatal Audit in near miss cases and/or deaths of pregnant women, postpartum, puerperium and perinatal and neonatal. Optimizing the cooperation and coordination in the region, Establishing a forum for the Awareness of Sidoarjo Regency, Program Preparation of *Si Cantik* Software

(3) Rate of HIV/AIDS

HIV/AIDS is one of infectious diseases and its prevalence in Sidoarjo is still vague and not clear. In 2017 the estimated number of cases was obtained by calculating the number of cases divided by the population at risk. Sidoarjo Regency had no data of Key Population Estimation based on the survey so that the number of the real HIV cases were used. Up to the year of 2017 the result of

the examination of 100,000 people reached 117 per 100,000 population. The finding of HIV/AIDS cases in 2017 was 464 people, and 277 people were the key populations, pregnant women, and TB patients. As many as 14,778 people consisting of Key population, pregnant women, and TB patients were examined and 277 people were positive and as many as 197 people (71%) had accessed ARVs. Community counseling, outreaching and mentoring high risk groups, and interventions on behavior change, HIV testing and counseling, Harm Reduction services, periodic treatment and examination of Sexually Transmitted Infections (STIs), blood donor security and providing more ARV initiation clinics were some efforts of prevention carried out not only in Krian but also Porong Primary Health Cares to support HIV/AIDS eradication.

(4) Village Coverage with Universal Child Immunization (UCI)

The great number of villages included in the scope of the UCI reflected the high coverage of the complete basic immunization for infants. In 2017, out of 353 villages 330 or 93.48% had been included and it was higher than that of the target of 92%. In 2016 the percentage reached 97.73% of villages included in the UCI criteria. Whereas there were some villages not yet included, and they were spread in several areas of Primary Health Cares of . In 2017 UCI achievement increased as high as 93.48% (UCI target was 88%). The Primary Health Cares that have not yet reached the UCI targets were Porong (20%), Kedung Solo (22.2%), Ganting (42.9%) and Sedati (87.5%). They could not achieved the targets due to several reasons such as: a). miscommunication - the immunization coordinator informed that the infants, who had already got MR immunization at the time of MR campaign, had not been routinely injected with MR; and b). Lapindo Mudflow - of the 10 villages in the coverage area of Porong Primary Health Care, 3 villages were sunk by Lapindo mudflow, and the people had already moved to other areas although they were still administratively

recorded as the citizens of those 3 villages. Even though the achievement of UCI in Sidoarjo Regency has been very good, some vigilances or alertness had to be taken due to the emergence of diseases can be prevented by immunization cases, and some Primary Health Cares with lower achievement of UCI targets. Some efforts to improve the quality of immunization were carried out through some campaigns, improvements of the skills of immunization officers, of the quality of vaccine storage, sweeping the targets, surveys of DQS (District Quality Self Assessment) and RCA, and EVM (Effective vaccine management).

(5) Rate of Morbidity

It is necessary to measure the rate of morbidity of several potential diseases to assess the service quality for the prevention of infectious diseases such as pulmonary tuberculosis and dengue fever. Treatment Success Rate (TSR) is a number that indicates the percentage of new patients with confirmed pulmonary TB bacteria completing the treatment (both cured and completed the whole treatment) among the new confirmed patients with recorded bacteriological pulmonary TB. Recovering is a pulmonary TB patient with the positive result of the bacteriological examination at the beginning of treatment and at the end of the treatment he shows the negative result of the bacteriological test at one of the previous examinations. Complete treatment is TB patients who have already completed the full treatment wherein one of the examinations before the end of treatment the result is negative but without any evidences of the bacteriological examination at the end of treatment. The TSR target of pulmonary TB treatment in 2016 was 90% and the achievement was lower as much as 86.44%. The causes of the unsuccessful treatment were dropout 4.9%, failure 1.6%, moving 3.7%, and death 3.4%. The finding of TB cases of 2017 could not be evaluated yet because the evaluation was

implemented for TB patients who had already completed the treatment around 12 to 15 months ago.

(6) Rate of DHF

The rate of Dengue Hemorrhage Fever (DHF) in Sidoarjo was fluctuative. In 2017 its morbidity was 23.6 per 100,000 population, and in 2016 it was 79.4 per 100,000 population. Some causes of DHF include: (1) The understanding of mosquito nest eradication is not fully correct, so its implementation is not right. (2) The implementation of mosquito nest eradication has not been simultaneously and continuously done. (3) The perception of the people to break the chain of transmission is still dominant by way of fumigation. It is seen in the rate of ABJ still <95%. Some efforts involving the related parties had been made by the regional government of Sidoarjo to prevent the transmission of DHF effectively, and they include: Increasing a cross-sector cooperation at the levels of district, sub-district, and village; Increasing the cooperation of hospitals and Primary Health Cares to determine the targeted areas for the implementation of the focus control; Motivating Primary Health Care personnel to improve the quality and frequency of counseling on DHF and mosquito nest eradication and doing the Draining, Closing, Burying and Preventing Mosquito Bites; Conducting DHF counseling for the people so that they can prevent the disease earlier by increasing the intensity of activities for mosquito nest eradication; Improving the quality of the personnel of the village for larva monitoring through refreshing; Motivating the community leaders to invite the surrounding people to do Draining, Closing, Burying and Preventing Mosquito Bites. Empowering the community in stages to implement the strategy of one house one person for larva monitoring.

**Conclusion**

Various problems affecting the health of the community are not easily overcome because they influence each other so that the problem becomes more complex like a vicious circle. One of the problems faced by Sidoarjo government is poverty which results in the vulnerability of the lower middle class people and the emergence of various new diseases that often afflicts them. Another problem is the lack of coordination among agencies or offices leading to some difficulties to handle the public health problems comprehensively and holistically. There are some various obstacles to improve the health services in Sidoarjo, and they include: (a) Human Resources (HR). HR plays an important role if it is compared to other resources. (b) Health facilities. They are indicators that can easily influence the patient satisfaction related to health services. (c) Drug availability. To guarantee the availability of drugs, it is necessary to manage the drug inventory which is always ready when needed by the patient. (d) Community Culture. Some efforts to improve healthy behavior are the main key in providing services to the people..

**Recommendations**

To improve the public health services, the Government of Sidoarjo has arranged some programs related to the health improvements with various objectives and they are as follows: (a) Development of Community-based Health Efforts. In order to increase the coverage of health services to the people, various efforts have been made by utilizing the potential and resources in the community. (b) Partnership. The principle of partnership is carried out in the context of community empowerment. (c) Accessibility. The description of accessibility is that the health services are relatively easy to reach, are supported by adequate transportation facilities and infrastructure. (d) Use of Information Technology (IT). IT is used to support the accessibilities in patient care

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