

## Prevention and Handling of Covid-19 in the Work Area of UPTD Puskesmas Tanah Baru through Collaborative Governance

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### Abstract

*The Covid-19 pandemic has become a multidimensional problem, no longer a health problem. The increase in residents exposed to COVID-19 in the working area of the Tanah Baru Health Center UPTD continues to increase and efforts to prevent and handle COVID-19 cannot only be handled by the Puskesmas, but require collaboration between stakeholders from elements of the community, business actors and the government. The method used is a qualitative approach with an analytical knife is Collaborative Governance. Sources of data obtained through primary data and secondary data, while data collection techniques were carried out through in-depth interviews, literature review, and observation. The results showed that the collaborative governance approach was effective in preventing and handling COVID-19 as long as the resources owned by the stakeholders involved were still able to contribute and provide services in handling COVID-19. However, the implementation of collaborative governance began to face various obstacles when there was a radical surge in residents exposed to COVID-19 which resulted in health facilities being unable to carry out treatment, referral hospitals were full, many health workers were exposed to COVID-19, and the ambulance fleet was limited. This condition resulted in various complaints from the public. To overcome these problems, it is necessary to optimize the participation of 3 elements, namely the government, society and the business world. Forms of optimizing these roles include increasing capacity, resources and health infrastructure, complying with 5M, reducing mobilization, and carrying out vaccinations.*

### Keywords

collaborative  
governance; Covid-19;  
Puskesmas Tanah Baru



## I. Introduction

COVID-19 is a global health problem including Indonesia. This was initiated from the information of the World Health Organization (WHO) on 31 December 2019 there was a case of a cluster of pneumonia with a new etiology in Wuhan City, Hubei Province, China and later expanded beyond China. On 30 January 2020, COVID-19 was set to become the public health Emergency of International Concern (PHEIC). On 11 March 2020, COVID-19 was designated as a pandemic. (Susilawati et al, 2020)

The Covid-19 pandemic has hit Indonesia, including the work area of the Regional Technical Implementation Unit (UPTD) of the Tanah Baru Public Health Center, Depok City, which includes Tanah Baru Village and Kukusan Village. From March 2020 to June 2021 in the working area of the Tanah Baru Health Center there were 3,077 people infected with Covid-19. The drastic increase was felt after the long holiday, either Christmas celebrations or Eid al-Fitr. The Tanah Baru Village has repeatedly become a

record with the highest number of residents infected with Covid-19 in Depok City (Tanah Baru Health Center, 2021). The UPTD of the Tanah Baru Health Center as a first-level health facility (FKTP) has a very vital role in handling Covid-19, namely prevention, detect, and response. Prevention is carried out through socialization of prevention and handling of COVID-19. Detection is carried out through tracing or tracing Covid-19 cases which is followed up with a PCR Swab test for close contacts and suspects. The response is carried out by referring residents infected with COVID-19 for self-isolation or being referred to an isolation place provided by the local government or hospital.

The Covid-19 pandemic has resulted in changes in the mobility patterns of people around the world, including Indonesia. As an effort to flatten the curve, people are now being asked to move from home and not take unnecessary trips. So far this effort is still considered to be the most effective effort. This also affects the bureaucratic public service process to the community, be it administration, social, health, education, and others. (Arfan et al, 2021)

The response is also carried out through the handling of corpses for residents infected with COVID-19. In its development, the Puskesmas was given the task of carrying out 3Ts, namely tracing, testing, and treatment. In carrying out the role of prevent, detect and respond, the UPTD of the Tanah Baru Health Center faces a number of obstacles including limited human resources, budget, or infrastructure. There are currently 32 UPTD employees of the Tanah Baru Health Center, while the population of the Tanah Baru and Kukusan sub-districts is 51,545 people (BPS Depok City, 2019). This amount must provide health services to the community, including those related to the prevention and handling of COVID-19. From the aspect of infrastructure, the Puskesmas only has 1 ambulance, so if you have to refer more than 1 COVID-19 patient at the same time, it will be difficult. In terms of tracing, the number of tools for rapid or swab is also limited. From another aspect, puskesmas also face various challenges including: (1) the characteristics of residents who want to get service quickly without knowing the time even late at night. (2) the behavior of people who have not obeyed the health protocol.

## **II. Research Methods**

The writing method is a qualitative approach, with data sources coming from primary data and secondary data. Primary data was obtained through observation, and interviews with a number of informants. Meanwhile, secondary data is from documents or reports on Covid-19 prevention and handling activities. The analytical knife used is the concept of collaborative governance.

## **III. Results and Discussion**

The current COVID-19 pandemic is no longer just a health problem, but has had an impact on economic, social, tourism, cultural and even security aspects. Thus the prevention and handling of Covid-19 cannot be carried out by the Puskesmas alone, but requires collaboration with all elements in the region. The form of collaboration carried out is through collaborative governance, which is a series of arrangements in which one or more public institutions (puskesmas, kelurahan, and sub-districts) directly involve non-state stakeholders (communities and business actors) in the policy-making process or problem-oriented handling. consensus and deliberative aims to implement the prevention and handling of COVID-19 effectively (Ansell and Gash, 2007: 544), as well as to implement public goals that cannot be achieved by other means (Emerson et al, 2011: 2).

Even more broadly, collaborative governance may not be initiated by public institutions, but comes from the community or communities involved in resource management (Emerson et al, 2011: 3). This condition is most important, that the community is able to initiate efforts to prevent and handle COVID-19 in their respective environments.

Collaborative Governance Process in the Prevention and Handling of Covid-19. The collaborative governance process includes 3 stages, namely (1) Identifying obstacles and opportunities (2) Debate Strategies for Influence (3) Planning Collaborative Actions (Ratner, 2012:5). The following are the efforts to prevent and handle Covid-19 carried out by the Tanah Baru Health Center UPTD through collaborative governance:

### **3.1. Identifying Obstacles and Opportunities**

In the early stages, the Tanah Baru Health Center UPTD identified the main problem, the stakeholders involved, and considered whether the problem could be solved together (Ratner, 2012:5). The main problems that must be addressed are the COVID-19 pandemic and the high number of residents of Tanah Baru and Kukusan Villages infected with Covid-19. Meanwhile, stakeholders who will be involved in collaborative governance for the prevention and handling of Covid-19 include the Camat, Kapolsek, Danramil (communication forum at the Beji sub-district level), Tanah Baru and Kukusan village heads (along with their apparatus), Babinsa, Babinkamtibmas, RW heads, RT heads, Covid-19 alert village task force, private clinics, referral hospitals, business actors, MUI, Health Service, Depok City Covid-19 Task Force. The UPTD of the Tanah Baru Health Center held several meetings at the City, District and Village levels with a number of internal and external stakeholders to listen to any problems/obstacles as well as opportunities and efforts to resolve problems in the prevention and handling of Covid-19. There are a number of opportunities for effective collaborative governance, including: (1) regulations from the central level to the village level and even villages related to the formation of task forces and obligations to carry out the prevention and handling of COVID-19 to a number of stakeholders. (2) The Depok City Government's policy is to establish a Covid-19 Alert Village (KSC). (3) Development of the Depok City Covid-19 Information Center (Pikodep) application that can be accessed by the Kelurahan or Subdistrict.

There are a number of obstacles that are thought to hinder the implementation of collaborative governance, including: (1) people who ignore 5M (wearing masks, maintaining distance, washing hands, staying away from crowds and reducing mobility). (2) when COVID-19 cases are high, the availability of medicines and the capacity of referral hospitals are limited. (3) obstacles from the tracing aspect include the low level of public reporting, limited health personnel, the lack of participation of private health facilities in handling COVID-19.

### **3.2. Debate Strategies for Influence**

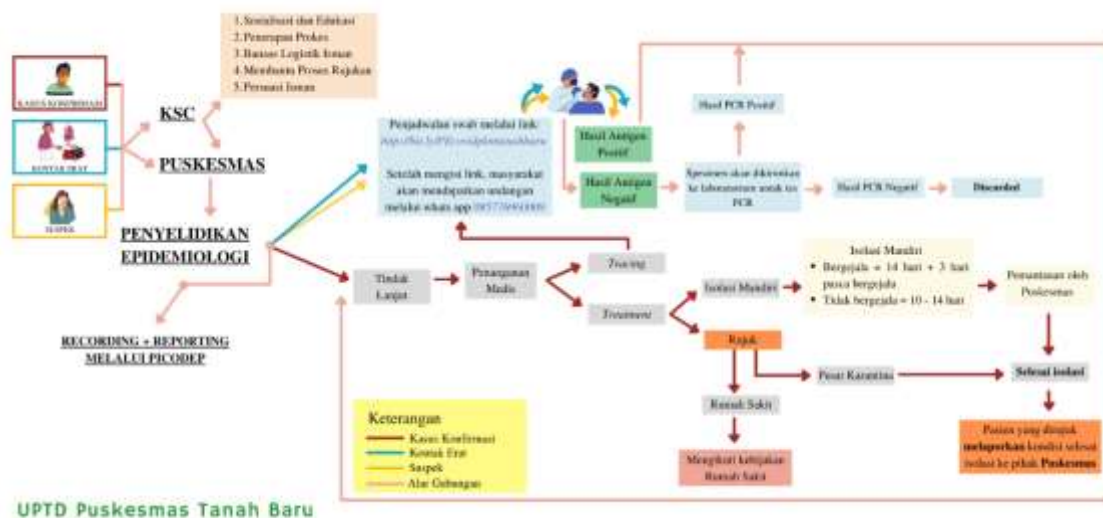
UPTD Puskesmas Tanah Baru held a dialogue or discussion with a number of stakeholders in the prevention and handling of Covid-19. During the discussion a number of things were discussed including the division of tasks, determination of consultation telephones, reports and complaints, rapid test and swab mechanisms, handling of people infected with Covid-19, either in self-isolation or referrals to hospitals or other isolation places. At this stage, mapping of stakeholders related to the influence and interests of each stakeholder is carried out, as well as formulating an effective strategy for preventing and handling COVID-19. In order to bind a number of stakeholders related to their duties, functions and authorities, a decision letter from the Camat and Lurah regarding task forces

at the sub-district and kelurahan levels has been stipulated. Likewise the formation of the KSC which is determined by the Lurah Decree.

### 3.3. Planning Collaborative Actions

The UPTD of the Tanah Baru Health Center carries out collaborative governance planning and strategies in the prevention and handling of Covid-19. The planning and strategies carried out are: (a) empowerment of UPTD employees of Tanah Baru Health Center In connection with the increase in Covid-19 cases, and supported by the Picodep application and must respond quickly in handling Covid-19, what is being done is (1) Socializing Picodep to employees including how to use the picodep application. (2) Involving all existing human resources to be active in handling Covid in accordance with their competencies as outlined in the Covid Team Decree (3) Building a fast-moving, responsive, disciplined work culture in PPI (Infection Prevention and Control) and complying with all service standards already set, (b) Service standard change; set changes to standards and service flow at health centers according to the pandemic situation, (c) opening online consultation and complaint services, (d) determination of reporting flow and mechanism for handling Covid-19 cases.

The Puskesmas Tanah Baru Center has established a Covid-19 management mechanism as shown in Figure 1. This is in order to provide clarity and a quick response for the UPTD Tanah Baru Health Center employees in preventing and handling Covid-19 in the UPTD Tanah Baru Health Center work area.



**Figure 1.** Mechanism of Covid-19 Management in the Working Area of the Puskesmas Tanah Baru

Emerson et al (2011) put forward the concept of an integrative framework in collaborative governance, namely: (1) system context (2) drivers (3) Collaborative Governance Regime (4) dynamics of collaboration and collaborative action. The dynamics of collaboration include the principle of engagement, shared motivation and capacity for joint action (Emerson et al, 2011:6).



### 3.4. System Context

The COVID-19 pandemic has become a multi-dimensional problem in terms of health, economy, culture, government, politics, tourism and other dimensions. Handling the COVID-19 pandemic must be carried out efficiently, accountable and participatory with multi-stakeholders (Rosyadi and dwiyanto, 2020). Various policies (regulations) from the Central Government to the regional government (the Mayor of Depok) have been established as the basis for the prevention and handling of COVID-19. This condition certainly inspires all stakeholders to be committed and consistent in handling Covid-19, so that collaborative governance can run well. However, one thing that becomes an obstacle in prevention is the behavior of people who are still ignorant of health protocols, resulting in residents being exposed to COVID-19, especially during long holidays.

### 3.5. Drivers

The drivers dimension consists of 4 components, namely leadership, consequential incentives, interdependence, and uncertainty. The condition of the spread of Covid-19 is very uncertain and is a major challenge. From the leadership aspect, the Head of Puskesmas and stakeholder leaders must take the initiative, communicate, coordinate, and mobilize resources to collaborate. The main movers for implementing the handling of COVID-19 in the UPTD area of the Tanah Baru Health Center are the Lurah and Camat. From the consequential incentive aspect, the implementation of collaborative governance for the prevention and handling of COVID-19 is driven by a number of things including: (1) the same goal so that Covid-19 will soon pass. (2) the existence of directives and policies of the government and local governments to make efforts up to the RT or village level. (3) along with the increase in the number of residents exposed to COVID-19, followed by an increase in the number of people who died. Meanwhile, incentives for those involved are charged to each stakeholder.

### 3.6. Dynamics of Collaboration and Collaborative Action

The dynamics of collaboration in the prevention and handling of COVID-19 is largely determined by principled engagement, shared motivation and capacity for joint action. Principled engagement is carried out through an intense interaction process between stakeholders, especially when there are reports of residents exposed to COVID-19, and the determination of all elements who are members of the collaboration (Emerson et al, 2011:6). Shared Motivation emerged after intense interaction, and has created trust so that in the end there is mutual understanding, legitimacy and commitment to overcome covid-19. Capacity for joint action is needed in collaboration, and is determined by the arrangement of procedures, institutions, leadership, knowledge and resources. In order to increase knowledge among all stakeholders, a WhatsApp Group was created to share various policies and understandings related to Covid-19. This has a positive effect on the effectiveness of collaboration. However, what needs to be anticipated is that if the capabilities or resources (manpower, budget, treatment rooms) of the Puskesmas or stakeholders are maximized and are no longer able to handle the surge in residents exposed to COVID-19, it will hamper and slow down the collaboration process. This condition ultimately creates complaints from residents. Collaborative action is needed in prevention and treatment. Stakeholder leaders need to be given the flexibility to take action to accelerate the implementation of actions and handling that occurs in the field. If there is a surge in residents exposed to COVID-19 causing many to isolate at home, then anticipatory measures for spreading in family clusters, anticipating if someone dies during

self-isolation, and full action on burial grounds for residents exposed to Covid need to be taken. Various actions and networks in handling problems need to be improved.

### 3.7. Indicators of Collaborative Governance Success

The success criteria of collaborative governance in preventing and handling COVID-19 can be identified through a networked structure, commitment to a common purpose, trust among the participants, governance, access to authority, distributive accountability/responsibility, information sharing, access to resources (De Seve in sudarmo, 2011:110-116). The successes of collaborative governance carried out by the Tanah Baru Health Center UPTD in the prevention and handling of Covid-19 are as follows:

#### a. Networked structure

All elements or tissues are organic with the structure of the tissues involved. All parties have equal rights, obligations and responsibilities, authorities and opportunities for accessibility in the prevention and handling of Covid-19 in the UPTD Tanah Baru Health Center work area. The following figure shows the networked structure developed by the Puskesmas Tanah Baru



**Figure 2.** Network Structure in the prevention and handling of Covid-19 in the working area of Puskesmas Tanah Baru

#### b. Commitment to a Common Purpose

The form of commitment to Collaborative governance in the prevention and handling of Covid-19 in the UPTD Tanah Baru Health Center work area is as follows: (a) Each stakeholder has their own role, so it is necessary to collaborate with each other, including to convince religious leaders and religious communities that it will be more effective to disseminate and provide understanding by MUI in Kelurahan or Subdistrict MUI compared to puskesmas staff. Enforcement of regulations related to Large-Scale Social Restrictions (PSBB), implementation of restrictions on community activities (PPKM) for Micro, and Village Alert Social Restrictions (PSKS) will be better carried out with the involvement of stakeholders, (b) All stakeholders have the same goal, namely to make efforts to prevent the transmission of Covid-19 and handle Covid-19 so that the area is expected to become an area that can control the spread of Covid-19.

### **c. Trust Among The Participants**

In preventing and handling Covid-19, all stakeholders (government, private sector, community) trust each other and actively participate. This can be indicated from a number of things, including in tracing Covid-19, people entrust this to Puskesmas officers.

### **d. Governance**

In the prevention and handling of Covid-19, there are regulations that regulate the authority of each stakeholder or member of the task force. The formation of the sub-district-level task force is determined by the sub-district head's decree, the sub-district-level task force is determined by the Lurah's decree, and the rules governing norms, standards, and mechanisms for handling Covid are regulated in the Depok Mayor's regulation. On the other hand, all stakeholders are called to jointly make efforts to prevent and handle Covid-19.

### **e. Access to Authority**

In the prevention and handling of Covid-19 in the working area of the Tanah Baru Health Center UPTD, there are provisions that clearly regulate the procedures, authorities, and responsibilities of each stakeholder which are stated in the Depok Mayor's regulation related to the Covid-19 handling policy and the policy of establishing Scale Social Restrictions Large (PSBB), the determination of the Covid Alert Village Social Restrictions (PSKS) and the Camat and Lurah Decrees regarding the formation of the task force and the Covid Alert Village itself. The UPTD of the Puskesmas Tanah Baru is also given the flexibility and prevention and handling of Covid-19 as long as it does not deviate from the applicable provisions, for example determining the decision to self-isolate or isolate a referral to a hospital by first communicating with the families of Covid-19 patients.

### **f. Distributive Accountability/Responsibility**

The handling of Covid-19 has motivated a number of stakeholders to take responsibility for the problems that occur and require clear action. One of them is the role of RT and RW in addition to monitoring residents who are self-isolating, they also participate by providing support in the form of food for the isolated residents. Likewise, the Puskesmas staff, even if needed at night, to take people infected with Covid-19 to the referral hospital, will continue to do so regardless of working hours.

### **g. Information Sharing**

Information sharing is provided by the Depok City Government through the Picodep application for health service facilities, and the Covid-19 alert village application for the KSC task force and the community. The application provides information on the number of Covid-19 cases up to the RT-RW level as well as the distribution of cases, discussion forums between the task force and the community and the Covid-19 Alert Village, and important information about Covid-19. In addition to the above applications, the Tanah Baru Health Center UPTD also provides online services (call centers) related to consultations, tracing contact cases, and reporting cases.

#### **h. Access to Resources**

Resources owned by UPTD Tanah Baru Health Center in collaborative governance include: (1) human resources who have expertise or competence in the health sector. (2) facilities and infrastructure (ambulances, rapid test kits, swab collection media, medicines) in handling Covid-19, especially for tests and therapy. (3) Collaboration between programs at the Puskesmas is carried out to anticipate the availability of budget resources for the process of socializing Covid prevention and case tracing. Related to these resources, it is widely open for the people of Tanah Baru and Kukusan Villages to get health services and access to infrastructure according to the service flow. The obstacles that arise beyond the capabilities of the puskesmas are the difficulty of getting access to referral hospitals or isolation rooms when there is an increase in the number of people infected with Covid-19, as happened in November 2020. The result of the collaborative governance implementation felt by the Tanah Baru Health Center and the community was that information related to new cases of COVID-19 was quickly identified. This affects the health services that Covid sufferers must receive and the implementation of tracing for close contacts becomes faster. Collaborative governance also provides benefits in monitoring and supporting confirmed cases that are self-isolating. Although stigma is still common, with the passage of time people are starting to accept the presence of Covid sufferers in their environment as long as the sufferer carries out good isolation protocols. Various successes, as stated above, can occur if the resources and capacity of stakeholders in the implementation of collaborative governance are still able to prevent and handle COVID-19. Conditions will be different if there is a surge in residents exposed to COVID-19, such as after the Eid al-Fitr holiday in June 2021, where resources (rooms in referral hospitals are full, health workers at health centers are limited, and ambulances are limited) are full and unable to serve the surge in exposed residents covid-19

#### **3.8. Barriers and Challenges to the Implementation of Collaborative Governance in the Prevention and Handling of Covid-19**

There are a number of obstacles and challenges faced by the Tanah Baru Health Center in carrying out its functions which resulted in the implementation of collaborative governance being hampered, so that in the end it could lead to complaints from the community. The following are some of the obstacles and challenges faced: (a) the increase in the number of people exposed to COVID-19 after the long Eid al-Fitr holiday in May and June 2021 resulted in a number of things including: (1) Health center health facilities were unable to accommodate all reported cases, such as the dwindling availability of medicines. (2) limited health personnel, even some of them are exposed to covid-19. This resulted in the treatment carried out by the Health Center for residents exposed to Covid-19 could not be maximized, (b) The limited space at the referral hospital, especially in June 2021, has caused the accumulation of self-isolated patients with moderate and severe categories. This has also resulted in the function of the Puskesmas to make referrals for residents exposed to COVID-19 hampered and running slowly, (c) The ambulance fleet at the puskesmas and the ambulance provided by the 119 Integrated Emergency Management System (SPGDT) is very limited, while the number of residents who expect to be referred to the hospital has increased drastically. This resulted in the coordination of the provision of ambulances for residents exposed to COVID that was difficult to fulfill and did not work effectively.



## IV. Conclusion

Efforts to prevent and handle COVID-19 in the UPTD Tanah Baru Health Center work area can run effectively through Collaborative Governance. This can be indicated through the effective process and implementation of an integrative collaborative governance framework. There are a number of drivers among them (1) the same goal so that Covid-19 will pass quickly. (2) the existence of directives, government policies and local governments to make efforts to the RT or village level. (3) along with the increase in the number of residents exposed to COVID-19, followed by an increase in the number of people who died. From the performance aspect, in the period 2020 to April 2021, efforts to prevent and handle COVID-19 in the Tanah Baru Puskesmas work area can also be categorized as successful, which can be seen from the collaborative governance success criteria proposed by De Seve. These various successes occur if the resources and capacity of stakeholders in the implementation of collaborative governance are still able to prevent and handle COVID-19. Conditions will be different if there is a surge in residents exposed to COVID-19 where resources (rooms in referral hospitals are full, health workers at health centers are limited, ambulances are limited) are full and unable to serve the surge in residents exposed to COVID-19.

There are obstacles that have caused various efforts to have not been able to reduce the number of residents exposed to COVID-19, namely the behavior of people who are still ignorant of 5M (maintaining distance, wearing masks, washing hands with soap/running water, staying away from crowds and limiting mobilization and interaction. To overcome the problems above, the things that need to be done are to optimize the participation of 3 elements, namely (1) the government is expected to be able to prevent and handle covid-19 through increasing resource capacity through various policies, namely increasing the availability of hospital rooms for COVID-19 patients, increasing health workers, increasing medicines, various policies that are able to prevent and deal with COVID-19. (2) the community is expected to participate by complying with the 5M, working together to prevent and handling COVID-19, self-help help residents who are self-isolating, reduce mobilization, and carry out vaccinations. (3) business actors participate through acceleration of mutual cooperation vaccinations for all their employees, and assist the government or the community in handling COVID-19 such as assisting medical devices and others.

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