

Management Analysis of Pandemic Covid-19 in Kepung, Kediri Districts

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ABSTRACT

Pandemic is a recurring event that causes a global recession and threatens human security. The Covid-19 pandemic in Indonesia is predicted to have very high morbidity and mortality rate. The strategy has been implemented but the case is still high, so it needs to be evaluated of the management factor from task force and community health center. The research method used is descriptive qualitative, with purposive sampling and indeep interview of 16 main informants and 2 triangulation informants. The research results from the input aspect of man and money are sufficient, lack of material because of regulations, budgets, stock and information that cause negative stigma and inadequate movement of task force and inadequate mentoring methods due to weak coordination. The planning aspects consider community input (batoom up), fulfillment of guidelines and instructions from the health office or district task force (top down) with a system of changes to the Financial Budget. The conclusion is that the preventive and promotive roles of community health center management and task forces are not maximal in efforts to deal with a pandemic because of limited inputs and constraints in organization and implementation.

Keywords: Management, pandemic, covid-19

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INTRODUCTION

Pandemic is a recurring event that causes a global recession and threatens human security. The pandemic in 2020 caused the largest global recession in history, as more than a third of the global population was locked down. WHO set SARS-Coronavirus-2 to be a pandemic on March 11, 2020. SARS-Coronavirus-2 is a new virus that causes previously unknown diseases. First detected in Wuhan City, China on November 17, 2019 and on January 13, 2020 in Thailand it was recorded as the first case outside China. The SARS-Cov-2 Coronavirus variant spreads to various countries in the world and causes the disease which WHO named on February 11, 2020 as Coronavirus Disease 2019 or COVID-19. COVID-19 is an infectious disease caused by a newly discovered type of coronavirus. The symptoms are fever, feeling tired and dry cough. Other symptoms are aches and pains, nasal congestion, runny nose, sore throat and diarrhea. Symptoms are usually mild and appear gradually and even don't show any symptoms. Most of the infected people (about 80%) can recover without the need for special treatment. The Covid-19 pandemic in Indonesia is predicted to have very high morbidity and mortality rate. The strategy has been implemented but the case is still high, so it needs to be evaluated of the management factor from task force and community health center.

MATERIALS AND METHODS

The research method used is descriptive qualitative, research time in August, the variable are input (man, money, material, methode) and proses (planning, organizing, implementation, assessment). The population are the implementing pandemic management in Kepung sub District with purposive sampling and indeep interview of 16 main informants and 2 triangulation informants from District Health Office. Secondary data is obtained from document observations at Community Health Center and District Office. Number of ethical approval is 2204/KEPK/IX/2020.

RESULTS

The research results from the input aspect of man and money are sufficient, lack of material because of regulations, budgets, stock and information that cause negative stigma and inadequate movement of task force and inadequate mentoring methods due to weak coordination.

The planning aspects consider community input (batoom up), fulfillment of guidelines and instructions from the health office or district task force (top down) with a system of changes to the Financial Budget. Lack of preparation and changing regulations are constraints in the planning process.

Weak organizational aspects are leadership, understanding of main tasks and functions as well as communication and group coordination.

The aspects of implementation are lacking of mapping vulnerable groups, obedience of health protocols, and less than optimal public health program intervention. This is due to inadequate infrastructure, regulations, less than optimal communication techniques as well as coordination and communication across sectors.

The assessment aspect of the reporting system is good with increasing case output. The conclusion is that the preventive and promotive roles of community health center management and task forces are not maximal in efforts to deal with a pandemic because of limited inputs and constraints in organization and implementation.

DISCUSSION

This research have (five) major themes from thematic analysis and several sub-themes, consist of:

1. Input aspects are man, money, material and methode

Man and money are sufficient aspects, lack of material because of regulations, budgets, stock and information that cause negative stigma and inadequate movement of task force and inadequate mentoring methods due to weak coordination.

The problem in the man aspect is the lack of involvement of independent practicing doctors and private clinics. The Guidelines for the Role of Primary Health Care Facilities in Handling Covid states that the Community Heatht Center should mobilize a network of independent practicing doctors, clinics, independent practicing midwives and independent practicing nurses in their working areas, and Community Healht Center in Kepung Sub District have not implemented it because there is no instruction from the health office or the task force.

The problems in the money aspect is to synchroniz of budgets and regulations, because of not optimal in coordinating. Synchronization is difficult to do because the work plan is not measurable and unclear regarding what must be done to deal with the pandemic, how the strategy is formulated, who will do it, when the deadline is and where the activities are carried out and prohibition of meetings.

The problem of material aspect is lack of infrastructure consits of PPE, ambulance, rapid testing, vitamins, village isolation areas, thermogun etc. The difficulty in fulfilling infrastructure is regulations and stocks in the market. The village minister regulation No. 6 dated April 13, 2020 instructed all villages to make village isolation houses without any standards that had to be met. The village government prepared schools to village isolation houses according to task force instructions with facilities that are far from standard health. In Covid Handling Guidelines, it only mentions the standard of independent isolation at home, even then with very high standards such as having a separate room, being separate and not associating with family members, using their own eating utensils and bathroom etc. The lack of standards also includes the volunteers, because volunteers are

not prepared if the isolation house is active what they have to do with PPE standards which are also unclear. This shows that there is insufficient information, including training for volunteers.

The method aspect through mentoring is sufficient, what needs to be maximized is assistance to the management of the person, not only in the management of the disease. The psychological need for a sense of security and a negative stigma in the community occurs because patient assistance has been confirmed to be less than optimal and due to weak coordination of sub-district task force.

2. Planning aspects consist of :

a. Preparation

Unusual planning with new regulations that must be fulfilled in the near future makes the planning seem unprepared and hasty so that over time many of the activities needed in the intervention to handle Covid-19 are confused in budgeting, especially from the Village Government. The types of activities that can be included in the Covid-19 intervention planning according to the PDTT Ministerial Regulation No. 6 dated April 13, 2020 are:

- 1) Allocating campaign activities and promoting clean and healthy living behavior, balanced nutrition, prevention of communicable diseases, sexual diseases, HIV/AIDS, tuberculosis, HT, diabetes, and mental disorders. In practice it has not been maximally translated into real activities because there is a lack of understanding of the Covid-19 intervention strategy at task force level above, so there is a lack of guidance.
- 2) Preparedness to disaster emergency response and other extraordinary events which include :
 - a) provision of disaster information services
 - b) training on prevention and handling of infectious or pandemic diseases such as making hand sanitizers, personal protective equipment (PPE), disinfectants, etc.
 - c) community preparedness training in dealing with disasters
 - d) training of volunteers for disaster management
 - e) disaster potential introduction and mitigation training; and
 - f) strengthening other community preparedness in accordance with the Village authority which is decided in Village deliberations.

In reality, PPE in the village has not been maximized in procurement. Disinfectants in the implementation are not in accordance with WHO recommendations where disinfectants are carried out on the surface. The implementation is sprayed along the road as is done by the police by spraying the water canno, that less effective according to health science.

Community Health Centers has the problem with mentoring activity points that programmers must carry out related to Covid-19, this is due to a lack of assistance from the Health Office and guidelines that did not exist in April, when the budget changes were implemented. Several program guidelines from the Ministry of Health even appeared in August, such as the Covid Handling Guidelines for Health Promotion Officers, Ministry of Health Number HK.01.07 / Menkes / 382/2020 concerning Health Protocols for Communities in Places and Public Facilities in the Context of Prevention and Control of COVID-19 in the month of June and Decree of the Minister of Health Number Hk.01.07 / Menkes / 413/2020 concerning Guidelines for the Prevention and Control of Coronavirus Disease 2019 (Covid-19) in July 2020. So that Community Health Centers have difficulty implementing the Covid handling strategy according to these regulations to be included in the item Budget Activity Plan. However, this difficulty should ideally be answered, because there is already a mechanism to overcome this budgeting problem because there is flexibility there.

The government has actually issued statutory government regulations No.1 of 2020 concerning State Financial Policy and Financial System Stability for Handling Covid-19. The policy taken to overcome conditions that endanger the economy and financial stability. An urgent situation is also needed to grant the Government authority to reallocate and refocus budgets previously allocated. The implementation of the regulation cannot be prosecuted either civil or criminal if the task is based on good faith and is in accordance with the provisions of laws and regulations. But in practice the Kediri Regency government is not brave enough to take concrete steps regarding Covid-19 intervention budgeting, this is because the Regent is in an inactive state.

b. Planning for facilities and infrastructure

Planning for facilities and infrastructure through a process of proposals from the community and leaders (bottom up), processed in village meetings with sub-district assistance (top down), only after agreeing to be included in the regional financial mechanism. The regulation No. 6 must be followed up quickly by making the village head regulations to fulfill of infrastructure.

Minister of health regulations No. 44 of 2016 on Community Health Centers Management requires the planning process according to the stages of preparation, compiling a plan for proposed

activities, the stage of situation analysis in the form of collecting and studying data and performance before even predicting the next year's target, analyzing data that describes trends cases, performance results and quality of program implementation, identifying supporting factors, the state of health center resources, and analyzing problems and solutions in achieving the program. Community Health Centers did not conduct a situation analysis in planning to better meet the standards set by the guidelines and top down instructions of the Kediri District Health Office. So that the planning stages in Community Health Centers management according to Minister of health regulations No. 44 of 2016 are less fulfilled.

3. Organizational aspects consists of :

a. Leadership

The leadership of management pandemi is weak at Kepung sub district. The influence of leadership on the handling of Covid-19 in Kepung District is in line with the research of Winastyo F and Jopie J in the title Influence of Leadership Style, Communication and Work Sharing on Employee Performance at PT. Prima Inti Citra Rasa Manado, which states that leadership style, communication and division of labor have a positive and significant influence both simultaneously and partially on employee performance.

b. Organizational structure and understanding of main tasks and functions

The organizational structure of the village task force does not contain the main tasks of the function so understanding the main tasks and functions to be less.

c. Cooperation and coordination across sectors

Communication and organizational coordination is not optimal so that intervention is not well mapped, organizational targets are clear but not measurable a clear work plan. There is still a perception that the Covid-19 problem should be the task of health people that has not been mapped properly with a work plan and evaluation per month because the meeting intensity is very limited.

This weak organization also occurs in the management of Community Health Centers, where the health community program seems to focuses on tracing and in-building services. This happens because the Community Health Centers sees a higher risk factor if the gathering community is activated. The roles of the occupational health and safety, sanitation, health educator etc. programs do not run optimally because of less accompaniment. What is needed is community mobilization, education and socialization to equalize perceptions and even involve all elements and resource to achieve the target of maintaining the protocol between individuals and families. Human resources implementing the program also greatly influenced the implementation of the role of the health program in the Covid-19 pandemic. Although the input has been received information through webinars and guidelines from the ministry, but it does not applies into real activities.

4. Implementation aspects consists of :

a. Data collection for vulnerable groups

The basis of data collection for vulnerable groups is the guidelines for handling Covid-19 from the Ministry of Health as well as other guidelines such as guidelines for tough villages and Guidelines for Health Promotion Officers of Community Health Centers in Handling Covid-19 where the concept of introspective survey used is a data collection approach for vulnerable groups and community behavior in meeting health protocols.

Data collection on vulnerable groups is also a response to non-natural disasters, as in Law Number 24 of 2007 concerning disaster management, Article 55 states that vulnerable groups are infants, toddlers, pregnant women, breastfeeding, disabled people and the elderly. Prioritized protection efforts for vulnerable groups, both in terms of security and health and psychosocial services. In its implementation, identification of vulnerable groups in non-natural disasters Covid-19 is not a priority. The role of the Community Health Centers itself is also less related to this because there are no clear instructions and guidelines if the mapping is carried out what the follow-up should be.

b. Socialization, delivery of information, education and assistance

Socialization, delivery of information, education and assistance becomes less than optimal, because there is a ban on meetings or gathering of citizens. The existence of social media causes the effect of delivering information and communication techniques that are not appropriate to over-share without proper explanation, causing panic and a negative stigma effect on self-isolating actors, even more so in asymptomatic confirmation patients.

This is in line with the research of Carmen H. Logie and Janet M. Turan entitled How do we balance tensions between Covid-19 health response and stigma mitigation? Learning from HIV research states. The negative stigma experienced by HIV patients can be reduced by intra and

interpersonal communication which involves many dimensions related to legal information, policies etc. Disseminating accurate information will not only help ward off the stigma of COVID-19 in humans but also eradicate the social discrimination facing frontline health care providers which in turn will protect their mental well-being and help control this public health crisis effectively.

Another study by Rakesh Singh and Madhusudan Subedi entitled Covid-19 and stigma: Social discrimination towards frontline healthcare provider and Covid-19 recovered patient in Nepal. The emphasis is on providing comprehensive support to frontline health service providers, both administrators and the public are required to create an enabling environment to improve the mental health of patients, recovering patients, and frontline healthcare providers during the COVID-19 crisis.

b. Implementation conformity with technical instructions

The implementation lack of fulfillment of isolation needs either independently at home or in village isolation places, wearing masks and social/physical distancing lacking community support, telemedicine is understood by health workers withdrawing and being overly afraid of Covid-19, early cases of stuttering in acting so that stigma is excessive, The implementation of Minister of health regulations No. 5 of 2020 has not been maximized, many health programs have stopped focusing on UKP and tracing, the implementation of management according to zoning has not been optimal.

The community support regarding the use of masks has occurred since before the pandemic, such as in the research of Ika P, Abdul S and Arif W, entitled The relationship between the use of masks and the forced vital volume of the first second expansion of oil palm processing workers of PT. Perkebunan Nusantara XIII Rimba Belian, Sanggau District, showed that 23.1% of workers always wear masks, 38.5% sometimes wear masks, and 38.5% never wear masks while working.

c. Application of health protocols

The implementation of health protocols is very low because it is a new habit, it is felt uncomfortable because it is not usual to wear masks continuously and get used to socializing is sosial culture, there is also the notion that Covid is not dangerous due to hoax information, also because of a lack of understanding of the importance of implementing health protocols. In addition, due to economic pressure, they are forced to work in an environment that does not support health protocols, such as markets etc.

This problem occurs because the regulation is an appeal and still at the ministerial level, there are no sanctions related to the violation of the health protocol from existing regulations. Some regions that issue regulations include sanctions and have proven to be effective, such as Jakarta, but in Kediri Regency they have not.

d. Cross-sectoral and community-based support

Cross-sectoral and community-based support are less maximal is also related to less than optimal communication and coordination starting from the district task force to the village level. According to Community Health Centers Management, the role of cross-sectoral activities is needed in mobilizing the community for the success of the program, so when cross-sectoral including the community does not have an understanding, it will be difficult for a program to achieve success.

5. Aspects of assessment

The reporting and evaluation monitoring system are good with increasing case output and obstacles and ways to overcome obstacles are as follows :

a. Fulfillment of infrastructure and facilities was overcome by changes to the activity budget and the issuance of new regulations.

b. Inadequate coordination and communication are overcome by continuous approaches and advocacy involving cross-sectoral until the program runs according to technical guidelines

CONCLUSION

The preventive and promotive roles of community health center management and task forces are not maximal in efforts to deal with a pandemic because of limited inputs and constraints in organization and implementation. It is necessary to further study the existing guidelines and regulations so that they are able to apply them in the Covid-19 pandemic intervention and play a role in dealing with problems from their respective scientific sides and according to existing guidelines. If this is done, the function of the Community Health Centers is to maximize preventive and promotive activities can be achieved collaborate with existing sectors. The task force organization needs to make improvements in terms of leadership, understanding the main functions of structure as well as communication and coordination.

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CONFLICT OF INTEREST

There is no conflict of interest in this study

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