Catchment Area in Health Services: Studies in Kasembon and Pujon Subdistricts, Malang Regency

Deasy Ariffiani1*, Sri Umiyati1, Sri Wahyuni1 & Indra Pratama Putra Salmon2

1) Public Administration Studies Program, Faculty of Social and Political Sciences, Universitas Hang Tuah Surabaya, Indonesia
2) Public Administration Study Program, Faculty of Social and Political Sciences, Universitas Bhayangkara Surabaya, Indonesia

Received: 14 December 2021; Reviewed: 14 December 2021; Accepted: 24 January 2022

* Corresponding Email: deasy.ariffiani@hangtuah.ac.id

Abstract

This study aims to analyze the application of health services in Kasembon and Pujon Districts in Malang Regency based on the catchment area perspective, as well as analyze the challenges of the practice of accessing health services. With the background of service improvement efforts that have been done a lot, but in fact, the accessibility is very difficult or even impossible to change. This study uses a qualitative method with a soft system methodology (SSM) approach. The data processing of the findings is carried out through a comparison of real facts with alternative normative models so that they have the opportunity to generate improvement ideas. The results of the study show that there are still challenges in the form of weak access to health insurance, facilities, and human resources, quality standards of health services, the role of monitoring stakeholders, to patterns of community participation. This then resulted in 3 main points of concern to produce corrective action, namely the evaluation of the health care system, health service practice standards, and the accuracy of the health service program targets. This study recommends a top-down mechanism priority by optimizing the improvement of the quality of health service standards in Kasembon and Pujon by policymakers and bottom-up through a participatory pattern by optimizing local public service agencies (BLUD) through community synergy with various institutions and government at lower levels for managing access to health services.

Keywords: Catchment Area; Health services; Malang Regency

INTRODUCTION
Decentralization is the process of delegating authority from the central government to regional governments, one of which is in the form of a pattern of autonomy being delegated from the center to the regions. In general, Indonesia has implemented autonomy since the reform era by issuing Law No. 22/1999 on Regional Government and Law No. 25/1999 on Fiscal Balance between Central and Regional Governments. During the implementation of the policy on the regional autonomy law, the government revised Law No. 22/1999 on Regional Government into Law No. 32/2004 on Regional Government, and; Law Number 25 of 1999 concerning Financial Balance between Central and Regional Governments became Law Number 33 of 2004 concerning Financial Balance between Central and Regional Governments. In 2014 and 2015, the government again revised both of them in the form of making Law Number 32 of 2004 concerning Regional Government into Law Number 23 of 2014 concerning Regional Government and revising it again into Law Number 9 of 2015 concerning Regional Government. In the context of the latest regulations surrounding regional autonomy, the outline of the changes lies in broader expectations and efforts towards legal certainty, people’s sovereignty, and democracy in the administration of regional government, both from the government leadership model and the elaboration of its implementation in all provinces, districts, and regions.

Decentralization in the form of delegation of autonomy is carried out to accelerate local/regional development (Cahyaningsih & Fitrady, 2019; Efriandi et al, 2019); reduce disparities between regions (Lane, 2011); stabilize the political condition of the government (Rosenfield et al, 2014; Harding, 2017; Isra et al, 2019), and; meet the demands of local communities regarding the distribution and allocation of resources through public services (Chien & Zhao, 2015; Li & Chan, 2017; Aritonang, 2019; Rahmatunnisa, 2013). However, unfortunately, the process of public service within the framework of decentralization in developing countries is often constrained by weak institutional mechanisms, lack of participation space, low political and civil will, difficulties in developing capacity at the local level, and less democratic governance (Olum, 2014).

In the regulatory context surrounding autonomy and decentralization, this is closely related to the government’s efforts to improve public services, including basic health services. As stated by Sutiyo and Maharjan (2017) that decentralization is the key to policy success in efforts to facilitate democracy at the local level in Indonesia. This means that there is a delegation of authority obtained by the regions related to the implementation of programs and rights in the implementation of the development process that is owned based on the principles of diversity, participation, true autonomy, and community empowerment so that it has the opportunity to increase community participation, local capacity, transparency, accountability, power responsiveness, and accuracy of government program targets. Besides that, decentralization is also expected to provide better services to improve people’s welfare as stated in Law Number 32 of 2004 concerning Regional Government. As a consequence of the wide scope of public policy, the government is required to be able to facilitate the community through public services, especially one which is the fulfillment of basic health services with a decentralized scheme or delegation of authority to the delivery of health services.

There have been many studies on health care policies and programs, but not too many have been discussed from the perspective of decentralized health and catchment areas. A study conducted by Suwarlan et al (2019) through a
phenomenological method approach and focusing on aspects of authority, regional resources, and access shows that the results of the implementation of decentralization of health in Tasikmalaya tend to show low capacity with minimal PAD, does not generate innovation and regional creativity. In elaborating the potential, it still depends on the central budget, and regional independence in health financing is not yet optimal. Fulop et al (2011) examined the catchment area in the area of patient selection of doctor services (health) through a qualitative analytical approach which resulted in the finding that optimization of health services was carried out by shortening the reach and access to services geographically with the size of the buffer zone method, isochrones method, nearest proximity of provider locations, and gravity model. The results of a study conducted by Jones et al (2011) through a case study approach resulted in the finding that the provision of secondary health services is based on demographic and geographical conditions of the region to be able to provide optimization of these services. Furthermore, Jones et al (2011) stated that in the catchment area framework, the researchers used the context of first past the post, proportional flow,

Figure 1. Accessibility of Kasembon (1) & Pujon (2) District Centers to Malang Regency Center
Source. Maps (2021)

Figure 2. Accessibility of Kasembon (1) & Pujon (2) District Centers to Batu City Center & Malang City
Source. Maps (2021)

Pujon and Kasembon sub-districts are part of Malang Regency which are located closer to the border area than 2 regions that are still in one district but are already different in the context of service areas in terms of regional administrative functions: first, the expansion area of Malang Regency, namely Batu City, and; second, namely
Malang City. Kasembon Subdistrict and Pujon Subdistrict which is administratively included in the Malang Regency area, but in the functional context of fulfilling health services, both have easy access at a closer distance to Batu City and Malang City. This then has the consequence that people in the Kasembon and Pujon sub-districts will tend to prefer health facilities located in Batu City and Malang City. On the other hand, for the Malang Regency Government, with the existence of a fairly large area, assumptions regarding the span of control of services that are far enough for the community to access public services, both those relating to mandatory services and optional services are very likely to appear in practice, especially in the service sector, health. This makes it difficult for people who live in the two sub-districts to access health services from the district government.

Although many efforts have been made to improve services, such as improving the quality of puskesmas services including facilities and infrastructure, establishing supporting puskesmas in various villages in one sub-district, outreach to the community, and control from the district government itself, the facts regarding accessibility are very difficult and even impossible to change. Therefore, the government needs an accurate regional arrangement pattern and focuses on community change from the pattern of public services that will be provided so that what Hoessien in Muluk (2009) says regarding catchment areas has the opportunity to optimize the process of public service, development, resource withdrawal, participation, and control carried out by the community and the bureaucracy. Based on all the previous descriptions that have been submitted,

The first study, which was conducted by Laksmiarti et al (2014) on the choice of health services by border communities through a cross-sectional approach, resulted in findings in the form of choices determined by the community's ability to determine health service facilities. The second study was carried out by Suharmiati et al (2013) regarding the health service policy of puskesmas in remote border areas through a literature study that produced findings in the form of inadequate infrastructure and health service systems in the area studied. The third study, which was conducted by Semendawai and Wahyono (2014) on cross-regional health services in the scope of the puskesmas through a case study approach and resulted in findings in the form of access and affordability being the determining factors for people to choose health services. This study has a novelty, both in terms of substance and approach, which then results in a strategy. This study has the substance of health services in border areas but uses a soft system approach that is different from previous studies and results in a strategy from both a top-down (policy) and bottom-up (society) perspective.

**RESEARCH METHODS**

This study uses a qualitative method with a soft system methodology (SSM) approach with the substance of the methodology in the form of a comparison of real facts with several possible state models. Such comparisons provide a better opportunity for understanding the problem situation/state (research) and some ideas for corrective action (Nair, 2015; Williams, 2005). The SSM method starts from an effort to randomly understand issues and problems that occur in the field and define them in the form of a system. The interpretation is then continued in the form of building a conceptual model through the design of a systems thinking framework in explaining the expected health service design.

Collecting data in the form of transcripts of interviews with informants, including local government (Kasembon District and Pujon District), the community (health service recipients), village
institutions, Malang District Health Office, Kasembon District Health Center UPT, and Pujon District Health Center UPT, as well as documents, support related to the research topic. The results of the data collection and field results are then analyzed in the form of a re-comparison of the problems and tested with stakeholders regarding the validity/reliability of the changes that must be implemented. The research was carried out in Pujon and Kasembon sub-districts from August 2021 to October 2021.

RESULTS AND DISCUSSION
Comprehensive Issues of Health Services from a Catchment Area Perspective

The first stage in the soft system (SSM) method approach, among others, is in the form of decomposing and elaborating unstructured and comprehensive problems for later structuring in it. This is to understand the problem in depth related to the real conditions, and how the obstacles, obstacles, and facts occur in the field related to health services in Kasembon and Pujon Districts in a systemic and structured manner. From the description related to the implementation of health services in Kasembon and Pujon sub-districts, an analysis was carried out in the form of a balanced scorecard analysis and an analysis of the health service coverage from the government (including monitoring and evaluation efforts of the local government) as the authority in the health service process. The results of these efforts are illustrated in the schematic below:

The structure of issues related to the provision of health services by the Malang Regency Government in Kasembon and Pujon Subdistricts in the perspective of the catchment area to the local community is carried out through a balanced scorecard analysis and the ability to reach and control areas (including monitoring capabilities) by the government authorities on health services. The balanced scorecard analysis, in this case, aims to analyze whether the vision and mission which is then described in policies, strategic formulations, and programs have been fully achieved and supported by continued development in the health services provided (Kollberg & Elg, 2011), which in this case examines the alignment between the pattern of application of health services in 2 subdistricts (Kasembon and Pujon) with institutional conditions at the top level of the Malang Regency Government. The results of the formulation of the elaboration of the problem are in the form of:

a. The first problem is that the health services provided by local health centers in Kasembon and Pujon subdistricts are technically still promotive
and preventive, but are not sustainable in anticipating areas which incidentally are disaster areas and in other contexts still require significant aspects in increasing patient empowerment;
b. The second problem is that the process and mechanism of health services are still not friendly, responsive, fast, and precise which can be seen from the completeness of the information submitted (whether requested or not requested by the patient/patient’s family) regarding the medical action given;
c. The third problem is the lack of distribution and network of health service information in Malang Regency, especially for Kasembon and Pujon Districts regarding how health services are provided from the local government to the community, and not optimizing the use of information and communication technology;
d. The fourth problem is the availability and completeness of personnel and health service facilities that are still not optimal in providing services for people who seek treatment and access health services;
e. The fifth problem, optimization in terms of fulfilling health insurance for the community in Kasembon and Pujon Districts is still not fully implemented concretely;
f. The sixth problem is that people in Kasembon and Pujon sub-districts need to choose hospitals with the closest accessibility (both in fulfilling health services by puskesmas, public hospitals, or public/government-owned hospitals);
g. The seventh problem, the referral problem which later arose was related to inconsistent procedures, making it difficult for the public to access health services, being convoluted to the point of eliminating the fulfillment of access to health services, and so on;
h. The eighth problem is that the people in Kasembon and Pujon sub-districts need a lot of time and effort which then has an impact on high costs about the reach of health service access which incidentally is in the district center which is then associated with the previous problem, it will require longer coordination;
i. The ninth problem is that the community is not able to access good information about health services provided by the authorities;
j. The tenth problem is that several levels of society are experiencing problems with a fairly low level of economy/income so that access to the ability to finance health services is not affordable in good conditions;
k. The eleventh problem, the ability to control (monitoring and evaluating) the authorities, which in this case is the Malang Regency Government, is very minimal in the context of health services in Kasembon and Pujon Districts.

Problem Definition and Conceptualization

The definition of problems in the context of health services in Kasembon and Pujon sub-districts is carried out through various statements, arguments, and statements from stakeholders (government authorities) or technical implementers (puskesmas) concerning the provision of health services for the community in Kasembon and Pujon sub-districts. To structure the results obtained, the concept of key elements in the form of customers, actors, transformation, worldview, owner, and environmental constraints is used or popularly abbreviated as CATWOE (Nair, 2015). The descriptions of each include: customer, is the party who benefits or loses in the reciprocal process of interaction of access to health services in terms of transformation and problem solving; actors, are the main organizers and implementers who have responsibility for
problem-solving and changes in the context of health services in Malang Regency; transformation, is a process of changing systems and solutions in handling field problem findings to then lead to ideal and normative conditions in the area where the phenomenon applies; worldview, which is the sharpness of multi-perspective understanding of the parties in the context of health services in Malang Regency; owner, who is a party with the capacity to start or end the system and its regulations in the context of health services in Malang Regency, and; environmental constraint, which is the influence of the internal or external environment that can have an impact during health services in Malang Regency.

Table 1. Application of CATWOE Indicators in Healthcare Catchment Areas

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Indicator</th>
<th>Field Observation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Parties who benefit/lose in reciprocal interactions with access to health services</td>
<td>Local Government &lt;br&gt; Public &lt;br&gt; Local community organizations</td>
</tr>
<tr>
<td>A</td>
<td>Main organizer &amp; implementer responsible for solving problems and making changes</td>
<td>Malang District Health Office &lt;br&gt; UPT Puskesmas Kasembon &lt;br&gt; UPT Puskesmas Pujon</td>
</tr>
<tr>
<td>T</td>
<td>The program is in the process of changing the system and solutions in handling field problem findings toward ideal/normative conditions</td>
<td>Programs based on the development and improvement of the quality of health services in Malang Regency</td>
</tr>
<tr>
<td>W</td>
<td>Stakeholders who fully understand the issue</td>
<td>The complexity of health care problems &lt;br&gt; Public dissatisfaction with health services &lt;br&gt; Public acceptance index of health care programs</td>
</tr>
<tr>
<td>O</td>
<td>Parties with the capacity to start/end the system and its regulations</td>
<td>Kasembon District Government &lt;br&gt; Pujon District Government</td>
</tr>
<tr>
<td>E</td>
<td>Influence from internal/external environment</td>
<td>Local mindset &lt;br&gt; HR (Education &amp; knowledge of local communities) &lt;br&gt; Socio-economic conditions &lt;br&gt; Distance/accessibility of health services &lt;br&gt; Geographical conditions of health services</td>
</tr>
</tbody>
</table>

Source: Field Analysis (2021)

To get a synthesis in the form of alternative strategies that are appropriate and accurate, conceptual modeling is carried out in the form of elaboration of CATWOE points on the phenomenon of health services in Kaembon and Pujon Districts within the framework of the catchment area. Justification is carried out through the stage of assessing reality regarding what has been done by the government (in this case the health department) in Malang Regency as the owner of the authority for providing health services. Based on the results of the assessment, it is again described in the following scheme:
Based on the above scheme, the conceptualization is in two important areas, namely the conditions on the factual line and the conditions on the "thinking system" framework line, which in the factual line conditions explain the various complexities of health service problems in the perspective of the catchment area in two sub-districts, while the conditions in the the "thinking system" outline the detailed elaboration related to the conceptualization of the problem. The description of the two important parts above can be explained and elaborated as follows:

a. Efforts to make health services better started from the complexity of health service problems in Malang Regency (Kasembon and Pujon Districts) which factually had consequences in the hope of providing better health service needs which then resulted in various aspects as efforts and strategies for improvement;

b. Furthermore, the aspect of the need for better health services requires an effort to understand based on needs in the form of identification and analysis of the evaluation of the health service system in Kasembon and Pujon Districts to strengthen aspects of improving health service standards. Along with the implementation of health service standards, during the process, monitoring and evaluation aspects are carried out on the accuracy of the targets and objectives of the provision of health services in Kasembon and Pujon Districts;

c. The aspect of understanding based on needs in the form of identification and analysis of the evaluation of the health service system in Kasembon and Pujon Districts is carried out on aspects of health service facilities and human resources in the 2 sub-districts, which then continues to analyze how efforts are made to provide health care insurance, improve health service facilities, and human resources and produce a justification for how to model the satisfaction, acceptance, and conformity with community expectations for health services. The results from the aspects of satisfaction, acceptance, and conformity with community expectations for health services then become recommendations for policy patterns as shared expectations;

d. Aspects of improving health service standards, apart from the hope of providing better health service needs,
also start from the need to improve health service facilities and human resources. The aspect of improving the standard of health services then continues with the Improvement of Health Service Capacity/Capabilities in Kasembon and Pujon, Malang which then continues on the pattern of development of Health Service Partnership Improvement in Kasembon and Pujon;

e. Aspects of monitoring and evaluating the accuracy of the targets and objectives of the provision of health services in the Districts of Kasembon and Pujon continue to the supervisory control model which is then forwarded to recommendations on policy patterns as shared expectations, and;

f. Finally, the policy pattern is a shared hope, that it is a synthesis and conceptualization of the three aspects which then focuses on 3 things before entering the aspect of making health services better. These 3 things include: directly continuing efforts to make health services better, indirectly through the aspect of authority in the form of regional regulations, and through efforts to increase cooperation in health service partnerships in Kasembon and Pujon.

**Healthcare System Model based on Catchment Area Perspective**

Modeling efforts in the health care system in Kasembon and Pujon Districts based on the catchment area perspective were reviewed and deepened through data collection and information in the form of joint observations and discussions (FGD). The joint observation and discussion (FGD) were carried out with stakeholders including employees/staff from the health office in Malang Regency (as well as their representatives), the Head of the Kasembon Health Center, the Head of the Pujon Health Center, the District Secretary in Kasembon District, the District Secretary in Pujon District, and several village officials as representatives of Kasembon and Pujon sub-districts. Henceforth, the results of the formulation regarding the model of the health service system in the Districts of Kasembon and Pujon are described in the following scheme:

![Figure 5. Formulation of Health Service Scheme in Kasembon and Pujon Districts based on Catchment Area Perspective](image)

Source. Analysis (2021)
Efforts to provide alternative solutions related to the health service system model in Kasembon and Pujon Districts from the catchment area perspective are not much different from the factual conceptualization model described in the previous sub-chapter. The transformation occurs in the integration between the factual realm and the realm of thinking systems so that it becomes an integrated pattern between one component and another. In addition, as a synthesis of the previous conditions surrounding the problem and factual conceptualization, at this stage, two things are carried out, namely: first, at the top level (policymakers), efforts are made by optimizing, especially in improving the quality of health service standards for local communities in Indonesia. Kasembon and Pujon, and; second that at the lower level, the formulation of alternative solutions departs from the factual identification and understanding of the complexity of the health care system problems in the Kasembon and Pujon Districts. The existing reality gives rise to various varieties of local community problems starting from the condition of the community itself (acceptability, satisfaction, and hope), financing capacity, institutions, systems, quality standard procedures, and accessibility, to obstacles that occur. A comprehensive exploration of these various components will have an impact on the emergence of problems, phenomena, and symptoms, to technically produce alternatives for formulating strategies to overcome the problem of access to health services.

![Figure 5. Identification of Health Service Component Improvements](Source. Analysis (2021))

Identification in addition to generating hope for better health services is also re-described in various aspects of the main concern. Expectations for better services then include 3 aspects of concern, namely: first, evaluation of the health care system; second, service standards, and; third, the accuracy of the health service program targets. Detail In the aspect of evaluating the health care system in Kasembon and Pujon, the in-depth evaluation is prioritized on the condition of health insurance for the local community so that it can be accommodated optimally. Meanwhile, the next evaluation will also look at the facilities and human resources. The three things in the form of health insurance, health service facilities, and human resources are priority aspects of evaluation which are measured through satisfaction and acceptance and then realized in the form of improving service
standards, policies, and public access to health insurance. In addition, attention to the three is important to avoid conflicts or disputes due to lack of fulfillment of facilities, lack of skills/skills from personnel in health services, as well as inconsistencies or maladministration of health insurance policies that have been fulfilled by community service users through BPJS fees or insurance. Other health.

Furthermore, it is related to monitoring the achievement of health service standards provided to service users. In addition to the demands on service providers to improve the provision of health services, users, especially in Kasembon and Pujon Districts, must also make this standard fulfillment of procedures as service recipients. Through the role of BLUD, it is hoped that the role of stakeholders at the local level can be optimal and there is synergy with stakeholders at the government level and service providers. The fulfillment of this standard then became one of the main bases for increasing the capacity and capability of health services in Kasembon and Pujon Districts.

The third effort is in the form of monitoring and evaluating the implementation of health services that are oriented towards controlling service activities. This involves and synergizes all stakeholders to ensure that health services in Kasembon and Pujon Subdistricts are under shared expectations and can accommodate the needs of the local community for access to the required health services.

The modeling scheme that is recommended as an alternative for improving health services is an incremental effort from the factual conditions that occur, namely by optimizing 2 points in the form of the top-level (policymakers) by optimizing, especially in improving the quality of health service standards for local communities in Kasembon and Pujon. and; lower level, in a participatory manner by optimizing local public service agencies (BLUD) at the community level through community synergy with various institutions and government at lower levels. The two aspects, which are alternative solutions obtained through the modeling scheme, basically have the same goal, namely the fulfillment of satisfaction, acceptance, and expectations of local communities to receive better health services. The optimization of health service quality standards itself departs from the monitoring carried out by researchers while at the research location which shows that there are still service quality standards that have not been met by health service SOPs. As for the aspect of optimizing the regional public service agency (BLUD) at the community level, it means that in this case there is a participatory role from the community (or at least from the representatives of the community, in this case, the village and sub-district government) as an aspirator of community expectations for access to services. Health services can be fulfilled properly through the components of budget management, institutional coordination, or controlling the quality of health services provided by health service providers in Kasembon and Pujon Districts.

DISCUSSION

In the context of health services, as stated by various experts, today’s decentralization opportunity can be used as a reference to optimize development. Based on argument Cahyaningsih and Fitrady (2019) and Efriandi et al (2019), it is possible to accelerate the development of health services in local/regional areas; Lane’s argument (2011) can be used as a reference for efforts to reduce disparities between regions about public access to health services; the opinions of Rosenfield et al (2014), Harding (2017), and Isra et al (2019) can be used as a reference in stabilizing the political conditions of
government in Malang Regency regarding the fulfillment of health services by providers in stages to the community as service recipients, as well as; the arguments of Chien and Zhao (2015), Li and Chan (2017), Aritonang (2019), Rahmatunnisa (2013) meet the demands of local communities regarding the distribution and allocation of resources through public services in the health sector, especially in Kasembon and Pujon Districts, Malang.

The results of this study found that in factual conditions, the problem was broken down into eleven problem points with the inclusion of interrelated phenomena. Starting from institutional conditions (weak responsiveness of health services, mechanisms, facilities and personnel, and service administration), weak participation (tendency to choose health services), lack of political and civil will (lack of distribution and provision of information services, health insurance, and technical control), the health sector by the government, as well as the difficulty of empowering capacities at the local level (low socioeconomic level, ability to access health services, information, and minimal literacy). This condition supports the statement of Olum (2014) which states that the process of public service within the framework of decentralization carried out in developing countries often experiences problems caused by weak institutional mechanisms, lack of space for participation, low political and civil will, difficulties in capacity building at the local level, and governance, less democratic (Olum, 2014). From the results of the description, it is necessary to improvise several aspects related to health services from the perspective of the catchment area.

by looking at the condition of the organizers and main implementers in charge of solving problems and changing health services, transformation by looking at the conditions of the system change process and solutions for handling field problem findings towards ideal and normative conditions in the area where the phenomenon applies; worldview by looking at the condition of sharpness of multi-perspective understanding of the parties involved, the owner by looking at the condition of capacity in starting or ending the system and its regulations, and; environmental constraint by looking at the condition of the influence of the internal or external environment that can have an impact during health services. Based on this scheme, conceptualization is in two important areas, namely conditions on the factual line and conditions on the "thinking system" framework line.

In the end, in the form of a modeling scheme, alternatives for improving health services are provided incrementally from the factual conditions that occur, namely by optimizing points in the form of top-level (policymakers) by optimizing, especially in improving the quality of health service standards for local communities in Kasembon and Pujon, and; lower level, in a participatory manner by optimizing local public service agencies (BLUD) at the community level through community synergy with various institutions and government at lower levels. This also departs from what was conveyed by Purwanto and Pramusinto (2018) that in Indonesia, the prerequisites for the success and success in implementing autonomy will be achieved if the functional roles and responsibilities of local governments can be carried out in providing the best basic services for the community contextually accompanied by adequate facilities. infrastructure development of local government basic services directly (Purwanto & Pramusinto, 2018).

Theoretically, in the context of decentralization of health services, this study produces conclusions that contradict the study of Suwarlan et al (2019) which focuses on budget priorities as a component of supporting the success of decentralization of health services. This research tends to look at the synergistic
factor of top-down and bottom-up strengthening as the main scheme in optimizing health services. In addition, this study also differs from the argument of Fullop (2011) which concludes that the optimization of health services is carried out by shortening the reach and access to services geographically with the size of the buffer zone method, isochrones method, nearest proximity of provider locations, and gravity model and Jones et al. (2011) which is almost the same as talking about geographical problems and physical access reach.

CONCLUSION

The results of the study resulted in the findings that the implementation of health services in 2 sub-districts (Kasembon and Pujon) in Malang Regency based on the catchment area perspective faces practical challenges in very complex and diverse conditions. Existing optimization efforts have been carried out, but are still experiencing various obstacles from aspects such as weak access to health insurance, low personnel facilities, and human resources, quality standards of health services that still need to be improved, strengthening the role of government monitoring, to community participation patterns. This study recommends 2 important initial priorities to be included in the priority plan for improving health services in the form of top-level mechanisms (policymakers) by optimizing, especially in improving the quality of health service standards for local communities in Kasembon and Pujon, and;

ACKNOWLEDGMENTS

Hang Tuah University Research and Service Institute, Surabaya.

REFERENCES


