Chapter 9
Street-Level Bureaucracy in Health Services During COVID-19 Outbreak in Indonesia

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ABSTRACT

This study seeks to elucidate the interaction between healthcare professionals and the government through health service indicators during the COVID-19 epidemic in South Sulawesi. This study used a qualitative methodology to perform a content analysis of online media coverage about health workers, the government, and health services during the COVID-19 epidemic in South Sulawesi. This study demonstrates a direct correlation between health professionals and the government with health indicators, including front-line services, stigma, duty, equipment assistance, pro-

DOI: 10.4018/979-8-3373-3760-9.ch009

tection, and engagements. These findings affirm that health professionals and the government are accountable for the efficacy of front-line bureaucracy, services, bureaucratic responsibilities, health facilities and infrastructure, health protection, and stakeholder engagement. The government has not succeeded in cultivating a favorable perception of health workers as the front-line of the bureaucracy delivering quality health services.

INTRODUCTION

The coronavirus or COVID-19, first appeared in late December 2019 in Wuhan (Munster et al., 2020) and Hubei, China, with the first 425 cases (Li et al., 2020). At the end of January, 830 new coronavirus cases spread across nine countries (Cheng et al., 2020). In addition, other countries, such as Kenya, declared a state of emergency by closing all activities (Aluga, 2020); Australia, in May, had positive numbers, reaching 7109 cases and 102 deaths (Andrikopoulos & Johnson, 2020). World Health Organization (WHO) reported that COVID-19 cases spread in January 2020 in several countries: Thailand with 8 cases; Nepal with 13 cases; Japan with 14 cases; North Korea with 19 cases; the United States with 20 cases; Singapore with 23 cases; France and Vietnam with 24 cases each; Australia and Malaysia with 25 cases each; 26 to 27 cases in Canada, Cambodia, and Sri Lanka; 28 to 29 cases each in Germany, Finland, Italy; and cases were reported on January 30, 2020, the United Kingdom, India, Philippines, Rusia and Sweden (WHO, 2019), while President Joko Widodo reported Indonesia's first case on March 2, 2020 (Djalante et al., 2020).

The positive number of COVID-19 cases has increased rapidly, and the accumulated number of COVID-19 cases worldwide in the last four months has increased significantly. From April through July, the number of positive cases increased by 17,177,298. Likewise, the death rate increased significantly; from April through July, the total death rate reached 682,612. Indonesia has reported a higher number of cases than most countries. It is one of the member countries of the Association of Southeast Asian Nations with the highest number of positive cases and death rates. Indonesia had reported 1528 COVID-19 cases; the positive number in the last four months was 56385 cases.

Indonesia's increasing positive case numbers have not been matched by the government's ability to overcome and control COVID-19. To overcome the COVID-19 pandemic, the WHO published strategies for managing and preventing COVID-19 by limiting interactions, conducting isolation, identifying risks, and overcoming the socioeconomic impacts of the COVID-19 pandemic. The WHO also issued general guidelines for community action for vulnerable groups, children, workers, and migrants (WHO, 2020h). The impact of COVID-19 has caused hospitals and