

**MODELLING STRATEGY MAPPING FOR HEALTH POLICY  
IN WEST JAVA**

Dr. Sintaningrum<sup>\*a</sup>; M.D. Enjat Munajat.,MTI<sup>b</sup>

<sup>a</sup> *sintaher@yahoo.com, Universitas Padjadjaran, Faculty of Social and  
Political Sciences, 45363, "Bandung", Indonesia*

<sup>b</sup> *mdenjatm@yahoo.com, Universitas Padjadjaran, Faculty of Social and  
Political Sciences, 45363, "Bandung", Indonesia*

**Abstract**

This research aims to map out policies and programs that had been implemented in achieving the Vision and Mission of West Java 2005-2025 ie " *Dengan Iman dan Taqwa, Provinsi Jawa Barat Termaju di Indonesia* ". Based on existing achievements during 2007-2009 from West Java West Provincial Health Ministry found the HDI in 2008 was 71.12 , then in 2009 reached 71.64 , ( 2010 ) and 72.19 ( 2011 ) 72.73 and still lags about 7 points to reach 80 HDI as the leading province in Indonesia . This is ironic when seen from the real conditions. Based on the historical, education, health, and economic infrastructure in Indonesia, West Java has an excellent record. This clearly shows there is something happened in the development concept.

Based on reasons above, we were interested in examining and reviewing more about the achievements of the strategy and implementation of health policies are also programs and to produced a strategic model that is able to provide clear guidance in the field of health. The methods we have used is a Quasi- Experiment, which can identify existing models, and then reconstructed into a ideal model. The modeling stage using Strategy Maps, in this case the model adopted for research needs.

The resulting model is able to map the achievement of performance during the period 2007-2011. Based on the model, it appears that in terms of implementation of policies and programs for human resources, technical facilities were good enough. But in terms of the means of information, a paradigm shift, synergistic cooperation and some services do not get any good priority, so it tends to interfere with other achievements that should be mutually synergistic. Model that have been developed, hopefully be able to answer the needs of future policies and programs for decision makers.

*Keyword : Strategy Mapping, Balance Scorecard, Health Ministry, West Java,*

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\* *Corresponding author. Tel.: +62812 201 1423 ; +62816 421 5955*

*Email address : sintaher@yahoo.com ; mdenjatm@yahoo.com*

## 1. INTRODUCTION

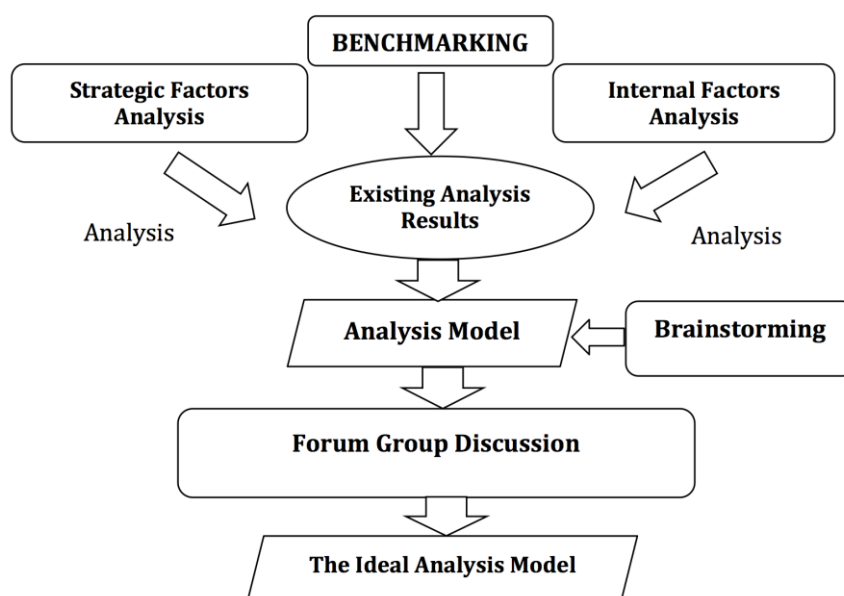
Based on Vision, Missions, Goals, Strategies, Programs, and target of West Java Health Office (West Java Province Health Profile in 2008), the West Java health development in 2010 was designated to achieve “*Jabar Siaga*” (Prepared West Java), “*Jamkesmas Jawa Barat*” (West Java people’s health guarantee). According to H.L. Blum (1981), indicators of public health level in the form of mortality and morbidity rate are influenced by four factors: environment, behavior, health service and heredity. The main indicator that West Java Province need to achieve is 80 in IPM (Indeks Pembangunan Manusia or Human Development Index) indicator, while currently it indicates at 71.12 according to BPS (Badan Pusat Statistik or Central Bureau of Statistic), it needs 8.88 points more to put West Java ahead of other provinces.

The low IPM indicator in West Java province is ironic in a way that the province has highly rated resources in aspects such as history, education, health, and other economic structures. A low IPM indicator reveals that there is an incorrect format in West Java development, which is revealing an important factor of human resources towards PDRB (Produk Domestik Regional Bruto or Gross Regional Domestic Products). Hadiyanto et.al (2003) suggest that one percent increase in stock capital in average will increase 0.128 percent of real PDRB, while one percent increase in labour factor in average will increase 2.92926 percent of real PDRB. This could only mean that economic activity in West Java Province has a high dependancy to the human resources/labour factor.

Based on the above facts, this research is trying to formulate a problem as follows: “What kind of strategy should be applied to reach Human Development Index in accordance to West Java Provincial Government vision for 2008-2013 (People in West Java to have independent, dynamic, and prosperous society) and Regional Decree number 9 year 2008 on West Java Government vision year 2005-2025 (To be the most advanced province in Indonesia with faith and religiousness)”. The aim of this research is to create mapping model of strategy on policy and health program implementation in West Java Province, by using strategy maps and balance scorecard tools.

## 2. RESEARCH METHOD

In accordance to the aim of the research, the modelling of strategy maps to support West Java Health Office in reaching its vision and mission is the main purpose. The use of balance scorecard suggests that this research is implementing quasi experiment, which can identifies the existing model and then reconstructs them into an ideal model. Research stages applied by using strategy maps based on balance scorecard will be as follows:



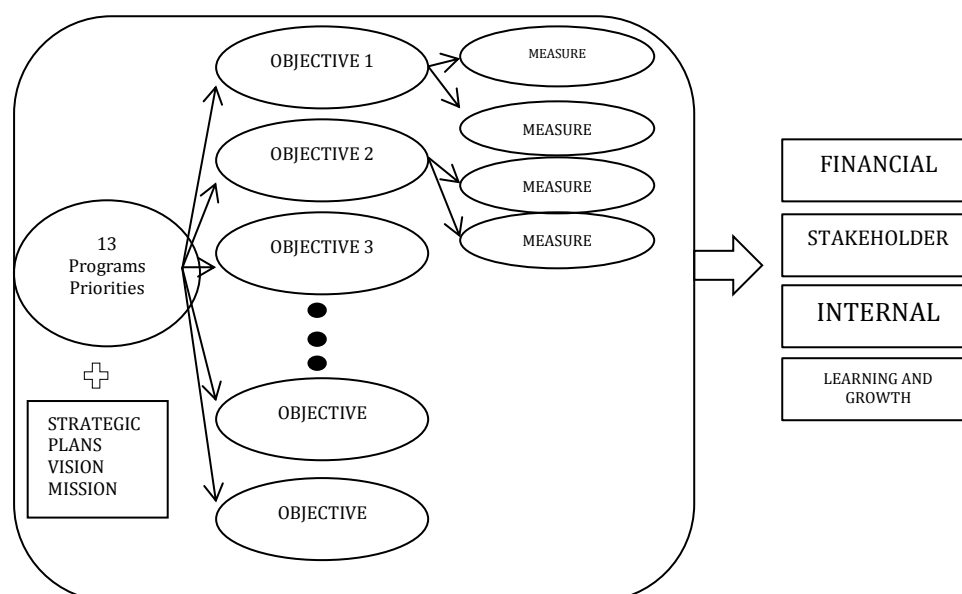
**Picture 1. Research pattern**

The informant for this research will be selected from related stakeholders of health management in West Java Province, such as head and staffs of West Java Province Health Office, head and staffs of Hospitals, head and staffs of Puskesmas (Centre of Public Health), head of Bappeda (Badan Perencanaan dan Pembangunan Daerah or Regional Body of Planning and Development), legislatives, and public representatives. Collecting data technique uses observation and depth interview method. Data analysis technique uses data triangulation and supported by statistical software. The research location was in West Java province, especially in West Java Province Health Office. Time and schedule for this research can be found at the end of this article.

### 3. DISCUSSION

#### Formulation of Strategy Maps and Scorecards

The strategy maps created here is based on strategic planning of West Java Province 2008-2013, West Java Province Health Office programs, and other data collected during the research. West Java Health Office should have quality and technology literate resources and must be supported by health system and staff restructuration, in order to accelerate health crisis and development recovery.

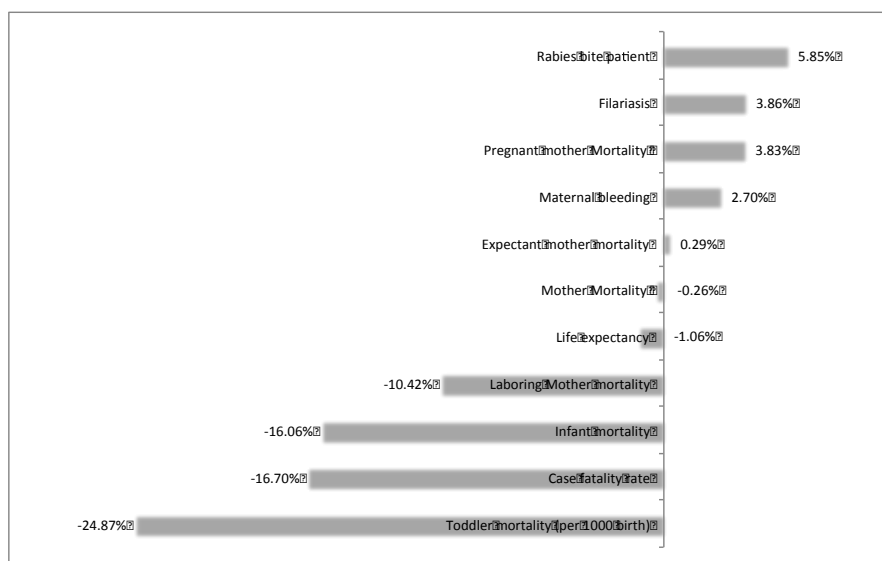


**Picture 2. West Java Province Health Office Formulation Process of Perspective Theme**

In order to accelerate the health development, Health Office should have participation, partnership, and unity through their stakeholders, which in the end will strengthen the culture of living clean and healthy for West Java people. The health environment needs to be considered by maintaining and improving facilities, indirect assistance, performance achievement report system, and the health system itself as can be seen in picture 2. Internal, Financial, stakeholder, and learning and growth perspective are really important for this matter as they supporting the whole system. The internal perspective consists of service given to public directly or indirectly. On the other hand, financial system concerns on how the provincial government through Health Office must have a strict rules in spending the budget, which measures the success of the Health office in running the program. Meanwhile the learning growth

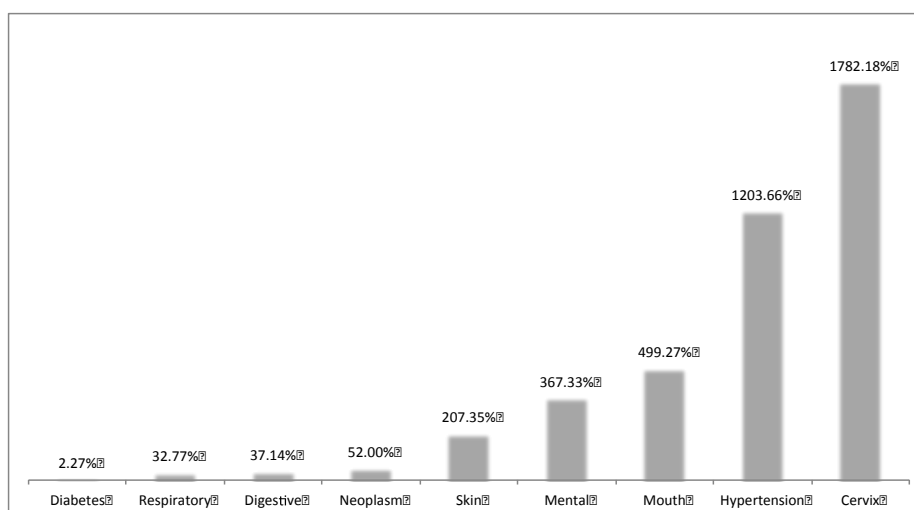
and perspective examine the human resources and facilities of Health Office services. Furthermore, the stakeholder perspective involves what public in West Java Province had experienced in health service department. It is hoped that the improvement of West Java Health system and process will contribute to the development acceleration of health development in West Java Province.

**Table 1. Five years average health degree status (2007-2011 period)**



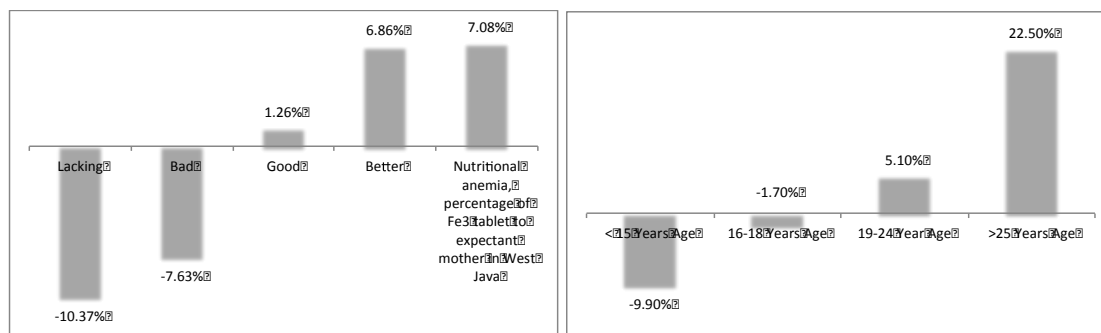
based on above table, the Health degree position declining in average at about 4.8%.

**Table 2. Five years average mortality data (2007-2011 period)**



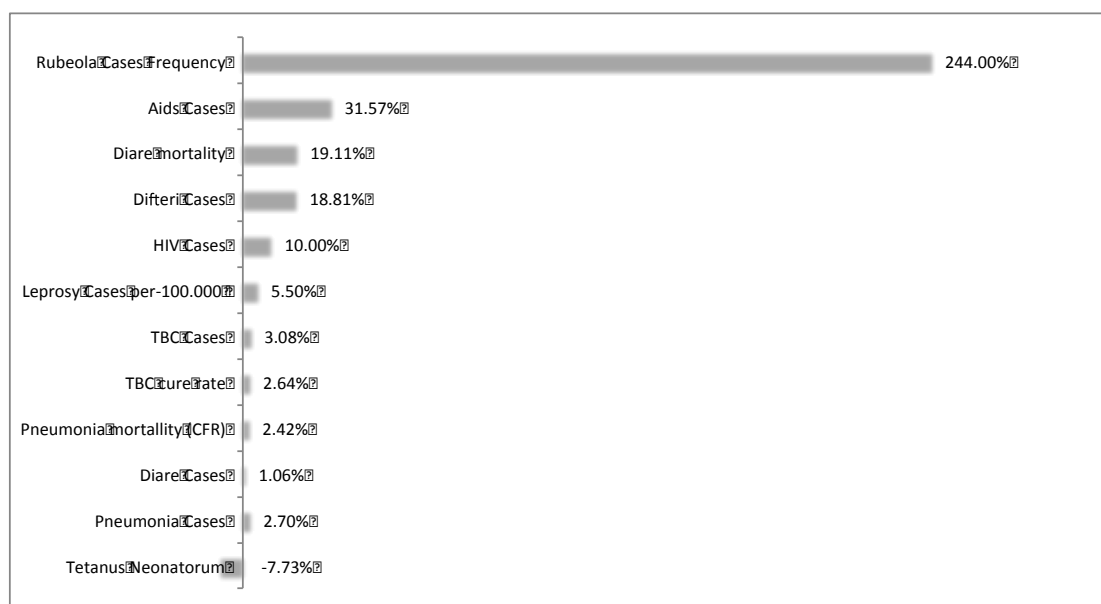
The trend for mortality rate is about 464%, which is quite high.

**Table 3. Five years average of women population age 10 and above who had married for the first time (2007-2011 period)**



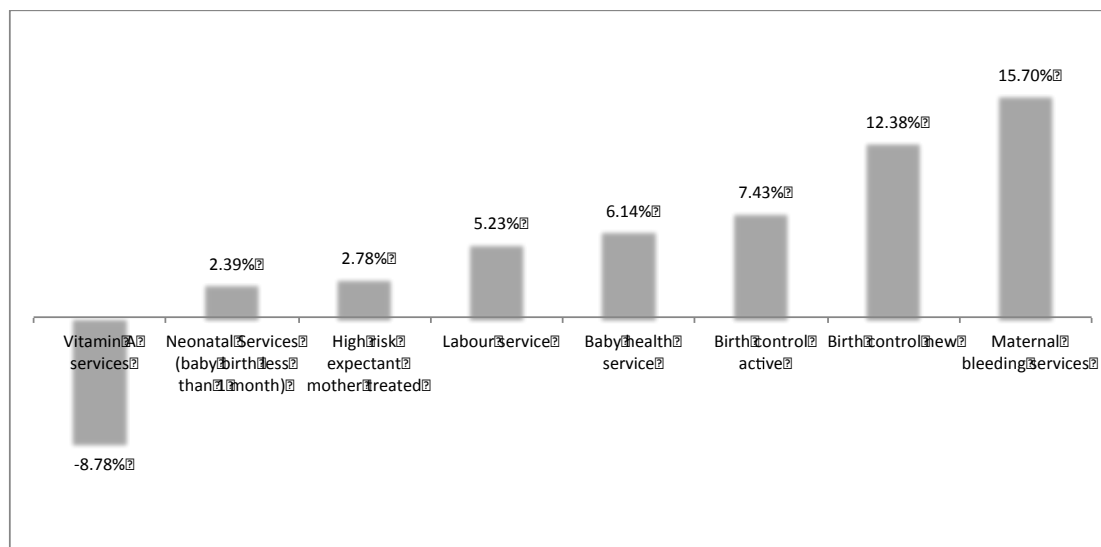
According to the above table the population of women age 10 and above who had married for the first time increases in average at 4% and the nutrition status declines in average at -0.56%.

**Table 4. Five years average of diseases data**



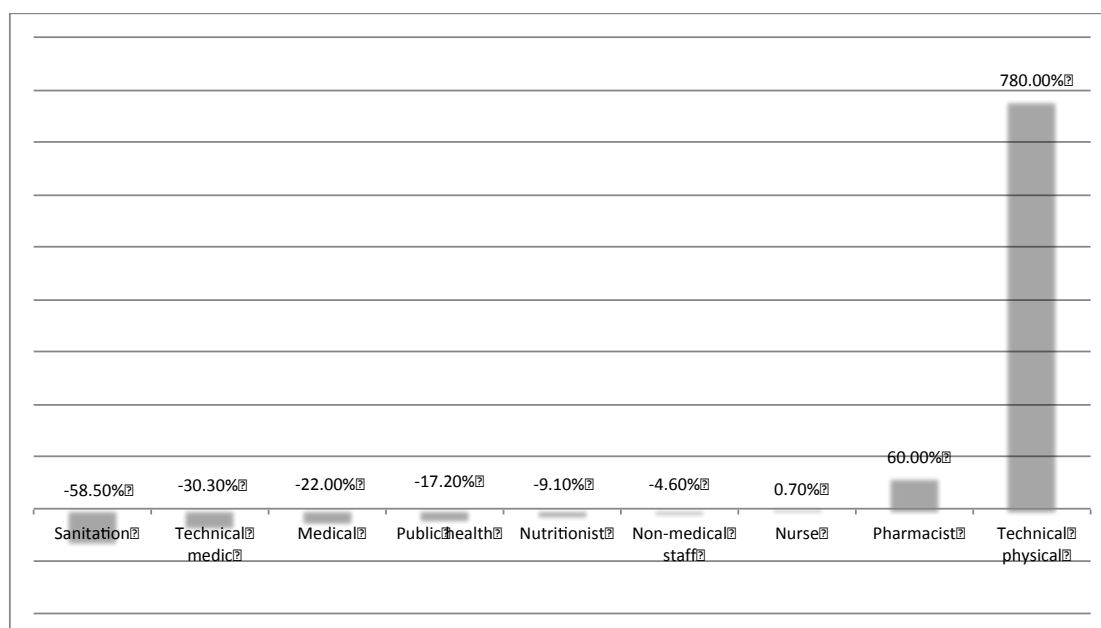
The diseases annually are still growing at 27% in average.

**Table 5. Five years average of maternity health service and birth control (2007-2011 period)**



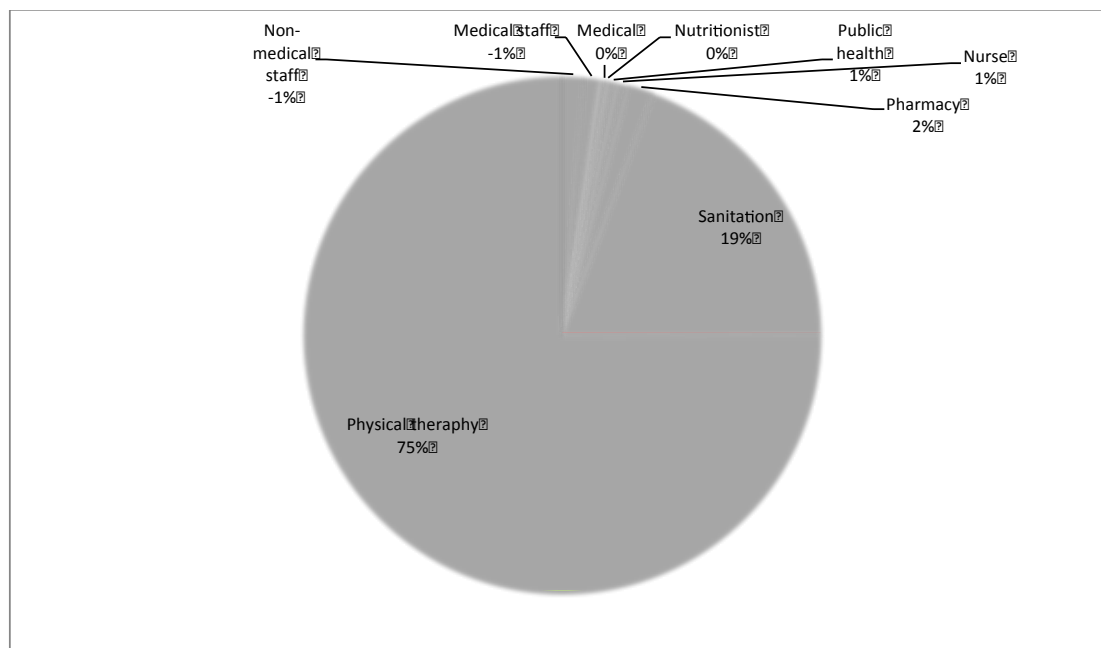
The health service for expectant mother are still increasing with average of 1.56%, with growth rate of 5.41%.

**Table 6. Five years average of diseases health service data and health staff proportion (2007-2011 period)**



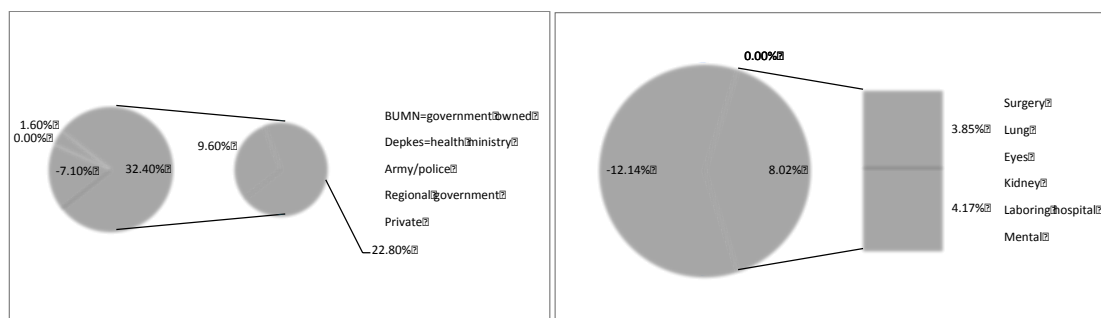
Diseases health service has a 58.6% growth while health staff proportion increases 77.7% in average.

**Table 7. Five years average of ratio of health staff for 100 thousand population**



The ratio of health staff for 100 thousand populations still growing at 218.7% while ratio between Puskesmas and administrative area grows 0.28%.

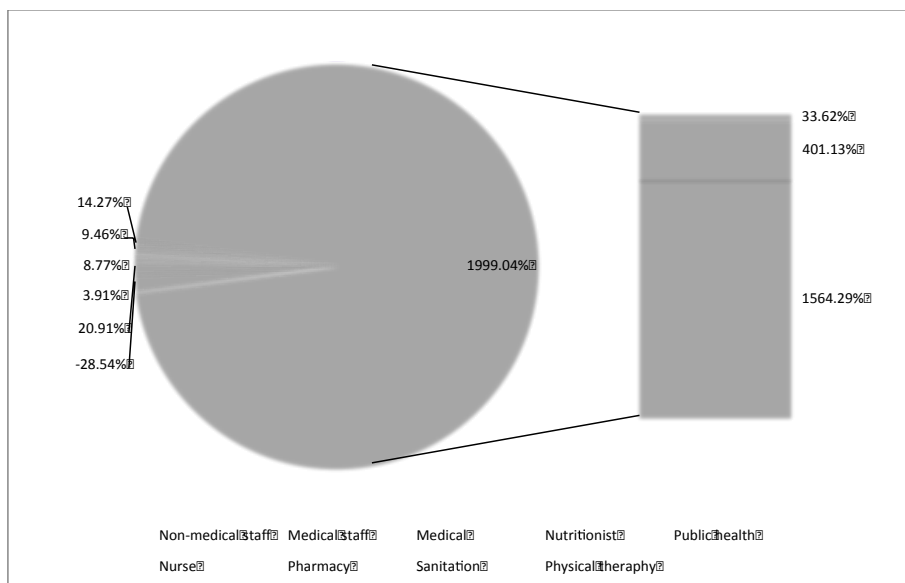
**Table 8. Five years average of number of general hospital based on ownership and specialty hospital (period 2007-2011)**



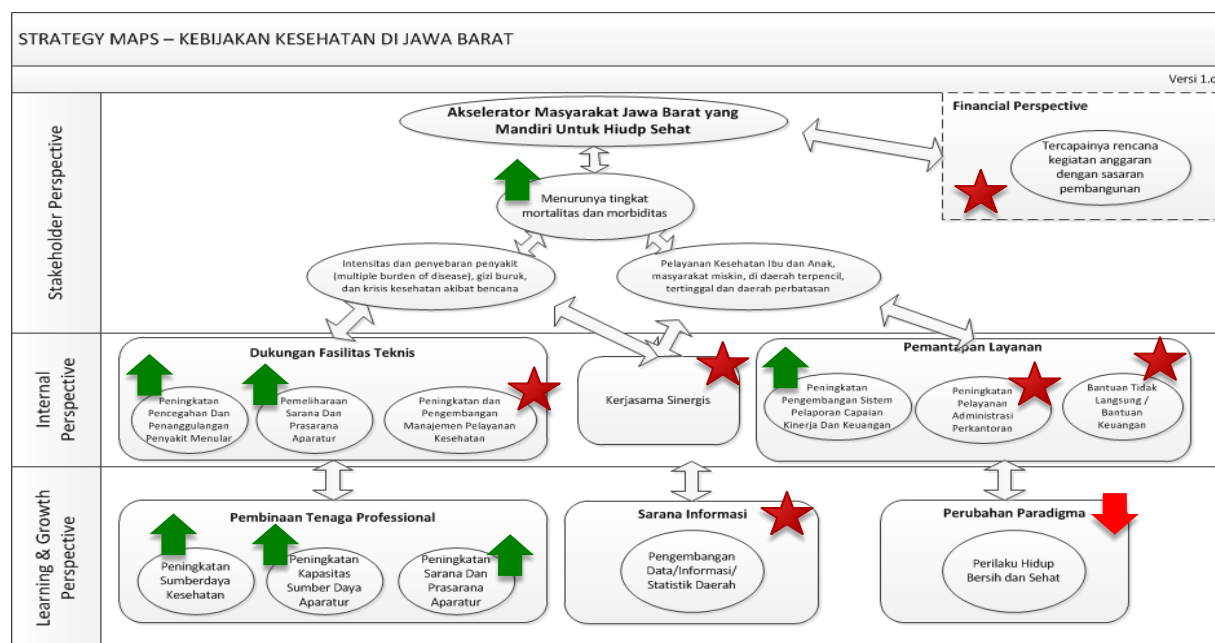
Number of general hospital based on ownership has an average increase of 5.4% and the number of specialty hospital has an average decrease of -0.69%.



**Table 9. Five years average of health staffs' ratio (2007-2011 period)**



The number of increase of health staffs' ratio has an average of 218.72 % during 5 years. Based on above numbers in those tables, strategy maps being built has reveal an interesting pattern, which illustrate the connection between each perspective, eventually the potential inclination or declination shown will be the base of decision making for the next year.



*Green arrow = shows the increasing tendency*  
*Red arrow = shows the decreasing tendency*  
*Red star = shows the data in grey area*

**Picture 3. Strategy Maps of Health policy in West Java**

#### **4. CONCLUSION**

Based on data described above, West Java Provincial Government Health Office has yet reach the target of its programs. Some problem occurs such as:

- (a). Unsatisfactory health facilities, which cannot satisfy the need of West Java people. It was found that in some remote areas the Puskesmas (Centre of Public Health) is really hard to reach. One Puskesmas ought to serve twenty five thousand people but in the reality, one Puskesmas serves forty two thousand people. The increase number of general hospital mainly managed by private sectors rather than the government is added to the factor as well.
- (b). Health staffs in average should be increased in number; five to ten fold in order to reach the standard. The ratio of health staffs against the population is staggeringly high; one general doctor currently serves 17,082 per 100,000 people while the standard is 2,500 people. One nurse currently serves 2,232 per 100,000 people with the standard of 158 people. Sanitarian ratio currently is 2.69 per 100,000 people with the standard of 15 per 100,000 people. Nutritionist ratio is 2.77 per 100,000 people with the standard of 24 per 100,000 people.
- (c). Immunization of Mother and Child, which cannot be reached fully. The program almost reaches 100% service for most of them, but there are still some immunizations that both mother and child cannot receive.
- (d). Lack of research on health to find the root of the problem in West Java. Infectious diseases occurrence has really increasing annually as there is lack of research analysis or observation on epidemiology as the chain of diseases cannot be removed.
- (e). The lack of urgency in producing, managing, and delivering data. This research stuck in the amount of data, which is halted in the year of 2011. The West Java Health Office can only provides data which is dated a year behind.
- (f). There are plenty of infection or non-infectious diseases patients that cannot be seen by the Health Office. There are so many patients that cannot be put into a comprehensive data as a result from management restructuration.
- (g). The slow-going development of Government funded hospitals. There are 260 hospitals, which is owned by various managements (government, private, army and so on). In 2011 there was an increase of the number of hospital being built of

7% (16 hospitals), with the proportion of private funded consist of 87.5% while government funded consist of 12.5%.

- (h). There are still gaps between urban and rural areas. Rural area has still receives low health services as the facilities is not as comprehensive like those in the urban area. PHBS (Perilaku Hidup Bersih Dan Sehat or Clean And Healthy Living Behaviour) indicator reveals that urban has 45.1% and rural has 31.1%, which illustrates the gap of health service received by people in those areas.
- (i). Lack of Socialization and data base on health meanings for people With PHBS indicator still below 50%, reveal the fact about the lack of socialization towards the public.
- (j). The high rate of under-age marriage. The marriage prevalence for age range of 10-15 years old is 16.45% according to data in 2010, which is usually happened to women in rural area, with a low education, the poorest economic status, and farmer/fisherman/laborer group.
- (k). Insufficient cooperation between government bodies in fulfilling the healthy living. The health office practically working alone on this matter as the program for cooperation with another government bodies is literally not a priority.
- (l). The need of education and training improvement for the health staffs. Quantity of the health staff is not the only thing that matter but the quality should also be considered as an important part of the system.

Out of all the realization of the programs only few of them reaching the target intended. West Java Provincial Health Office performance here can be considered below standard as a lot of strategic plan programs has not been implemented yet.

## **5. SUGGESTION**

This research has created some suggestion on priorities of the programs should be conducted by West Java Provincial Health Office. The suggestion will be as follow:

- (a). Improvement, distribution and acceleration of PHBS program. PHBS is a first priority program, which underlined that people of West Java would understand the necessity of health for their everyday life. The encouragement for West Java Provincial Health Office to execute this program as their top priority is suggested.

The synergy between the health office and people will accelerate the implementation of the program.

- (b). Repairing information system and the installment of an integrated and up-to-date data collection system supported by the latest technology for all health units. Information system and integrated data would be able to assist policy-making decision by the health office in the future. The data must be accurate in order to support future plan of the health office on the right track. Analysis shows that the information system and data report still has not fulfilled the demand, which would be wise to make this as one of the top priority for the health office.
- (c). Improving the quantity and quality of facilities and health staffs with technological awareness. West Java is certainly needs improvement in quantity and also quality of its health staffs. Medical staffs need to be increased in quantity, five to ten fold from the current condition. The technological awareness of the staffs really could helped the much better service for people in West Java, which suggest that human resources selection must consider this as one of the competitive factors need to added.
- (d). The improvement and restructuration of health staffs' employment. Analysis reveals the uneven allocation of health staffs, which makes urban area has more professional medical staff compared to the rural area. Puskesmas (Centre of Public Health) especially located in rural area has yet to have doctors in its facilities. The restructuration becomes really important to have more medical and health staffs where they needed the most.
- (e). The development of training and education for health staffs. The development of human resources is really important in a way that it influences the quality of service delivered. As an intangible asset, this development should be organized in the right manner, as it will contribute, in a long term, to the future of West Java Provincial Health Office. The advancement of technology has a huge impact on the health service conducted by the office, which makes the training and education of health staffs on the advancement of technology will have a really positive effect.
- (f). The reinforcement of regulation on health service for public. The regulation must be strengthen to make sure that each member of the public will be guaranteed to receive a better and fair health service. Less fortunate people should have the

same service with those more fortunate one in a clear, concise, fair and accurate matter. This would create a better trust from people, which in the end will destroy the paradigm of poor people cannot have any illness as they would not be able to cover the expenses.

- (g). The improvement of immunization and health service for mother and child. The immunization for mother and child has been improving throughout the year, but still has to be one of the top priority programs for the health office. West Java Province has already fulfilled the target for this matter but still has not reach 100% target, which must be considered as one of the improvement needed in the future.
- (h). The enhancement of health planning to improve health productivity. Based on the strategic planning for the West Java Provincial Health Office and analysis made in this research, the plan has not reach the target intended yet. Health office is only focusing on some part of the health services while the complexity of West Java Province health problem needs more than that in order to tackle the problem. The need of a better information and data report system to support the policy-making of health office will be one of the answers for the future.
- (i). The upgrades of supervision and maintenance for the quality of health service, medicine, vaccine and health equipment. The supervision and maintenance are needed to avoid malpractice. The medicine, vaccine, and health equipment must passed certain standard of usage time, which will safeguard public who consumed it.
- (j). The establishment of cooperation between government's bodies in connection with public healthy living program,, which involves the people. Analysis shows that the health office still incapable of having a synergic cooperation with other government's body. The cooperation should be established to create a better health service innovation, which is hoped to have an effective and efficient program in the future.

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Profil Kesehatan Provinsi Jawa Barat 2011