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Evaluation of Service Delivery by the Midwife During the Childbirth Assurance (Jampersal) Program in Sorong Regency 2015 (Case Study in Malawily Health Centre)

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Abstract

Childbirth assurance (Jampersal) is a government program started in April 2011 with the goal of improving public access to aid deliveries healthy by health workers in health facilities by making it easier financing to all mothers giving birth, but in the area of PHC Malawily there are births attended by skilled non-health and takes place in a non healthy facilities. This study aims to evaluate the service delivery by village midwives at health centers during the implementation of Childbirth assurance (Jampersal) program in Malawily Sorong 2015. This study was an observational study using qualitative descriptive design that is evaluative, the research subject is Malawily health center midwives who perform labor services during the implementation of Jampersal. Data were collected by in-depth interviews and analyzed using qualitative techniques. The results showed that all the midwives who carry out the implementation of service delivery has not gone well because of limited aspects of input that is most of the officers have not been trained APN.

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Asfisi and LBW (low birth weight) financing is still limited, the lack of standard operating procedures and infrastructure incomplete so that the workers providing services based on experience and condition, it is of aspects of the process including planning, implementation and supervision are not performing well to look at the low coverage of delivery assistance by health workers who have not been targeted districts, 90% for the scope of delivery assistance by each midwife at Malawily health centre in 2014 at a health facility during the implementation Jampersal 25% mostly take place in non-health facilities and helped by non-medical personnel or shaman, but all claimed to use the funds Jampersal not in accordance with the technical guidelines Jampersal.

It is also common in the period January to May 2015. Based on the results of these studies suggested to the Department of Health to provide ease claiming funds Jampersal, conduct training and equipping their qualifications, devices / drugs / substance in health centre village healthy Pos, and to provide guidance and supervision of a midwife in the village in order to provide delivery services according to the standard operating procedures and technical guidelines Jampersal.

Keywords: Service delivery.

1. Introduction

One factor high maternal mortality rate in Indonesia is still low utilization of delivery by health personnel in health facilities. Geographic conditions, population distribution, economic social and cultural as well as low levels of education are some of the factors causing low labor utilization by the community health workers. In line with this, the research results IMMPACT team in Indonesia shows, the low usage of delivery by health workers who became one of the causes of high maternal mortality rate can occur for several reasons rooted in society is ignorance, low maternal education, socio-economic and cultural capabilities.

According to the results of basic health research in 2010, delivery by health personnel in poor target groups (Quartile 1) reached approximately 63.3%. While the labor performed by health workers in health facilities reached 55.4% and 45.6% aid delivery rather than on healthcare facilities. The scope of delivery of health workers seen that West Papua is one of the provinces in Indonesia which is the lowest in labor utilization of health personnel. Of the 2014 health profile known to target health workers deliveries to the province of West Papua is 85-90%. Of the target of 11 districts, only 4 District / Municipal capable of reaching the target ie Manokwari (90.41%), Sorong (81.50%), Bintuni Bay (89.61%) and Fakfak (80.18). The districts that have not reached the target of one of them is Sorong (61.4%) [2].

Important obstacle to accessing aid delivery by health personnel in health facilities is the lack of infrastructure, especially facilities and services costs so necessary policies to boost births attended by health personnel in health facilities. Efforts to reduce MMR and IMR can no longer be done with regular interventions, efforts need breakthroughs as well as increased cooperation across sectors to keep pace with the decline of AKI in order to achieve the MDGs by 2015 [3,4]. One way to do that is by improving people's access to labor healthy by making it easier financing to all pregnant women who do not have a guarantee of delivery [1].

Based on preliminary studies on village midwives health centers Malawily in Sorong regency and the response from the public that there are still many aid delivery by non-health workers and in doing outside health facilities, which are caused by socio-economic factors, cultural communities, and the lack of resources in terms of these facilities and equipment health despite the Jampersal program. So researchers are interested to see the implementation of the delivery service of health workers at health facilities that have the lowest coverage Malawily health centre. Therefore it is necessary to evaluate the input elements (input), process and output in the implementation of service delivery during Jampersal program [2, 3].

2. Materials and Methods

This type of research is a case study to evaluate the implementation of the service delivery by village midwives at health centers during Jampersal to describe the outcome of the program consisting of a reduction in maternal mortality and infant mortality in the Malawily public health centre (PHC) [2]. This study was conducted in May to September 2015 is located in the health center Malawily Sorong. Subjects were midwives as key informant triangulation while providers are Midwife Coordinator, Head of the Health Center and the head of KIA, the informant triangulation patient is maternal use Jampersal card. The sampling technique with a total population sampling for midwives. The collection of data by way of in-depth interviews (in-depth interview) and observation by using a checklist. Furthermore, the data are processed, and analyzed using qualitative analysis that is using content analysis ie compile and categorize it in the form of patterns, category or classification of data reduction to be interpreted and conclusion combined with literature or theory. Data is presented in narrative form according to the study variables [5, 6].

3. Results and Discussion

3.1 Availability of Aspect Input

a. Human Resources / Health Workers

Information obtained from the results of in-depth interviews with key informants about the SDM includes amounts, ie skills possessed the competence and qualifications of education and training have been followed. Midwives in terms of quantity in the PHC Malawily already fulfilled because each - each midwife already have a village built with an educational background D III and DI Midwifery. However, in terms of quality not meet the standards because most midwives have not been trained APN, asphyxiation and LBW very supportive skills of midwives in aid delivery and part of the whole village midwives do not reside in the working area because Poskesdes unfit occupied by midwives village. This can affect the delivery assistance by a public election, a lot of labor is done by trained health workers.

To improve the quality of service delivery in health centers must draw up a plan to improve the skills, knowledge and experience of the staff, through education and training. Education and training is important, because it is a series of activities designed to improve the abilities, skills, knowledge, experience and attitude change behaviors that are owned by a midwife. based on professional competence will produce professional health personnel so that it can meet the needs of patients or the public.

b. Financing

Based on the accountability report Jampersal in 2014 by the village midwife turns claiming the procedure was not in accordance with Jampersal technical guide, because of 58 the amount of aid delivery by all health workers in the labor costs of funds Jampersal despite claims made in non health facility delivery / in home. Associated with the financing in accordance with the procedure of claiming not Jampersal Juknis, since all deliveries of health workers at the claims from the funds Jampersal although labor done in non health facility. There are payments made by women giving birth in a midwife health facility to 100,000, - although there is no demand from the midwife but this is burdensome maternal. Besides filing Jampersal fund has a complicated procedure because it must meet predetermined of administrative requirement, the disbursement process long 3-4 months to verify the report as well as a reduction of 15% for administrative costs in the health center so that the midwife had to bear the first of delivery finance. Jampersal program established to increase community access to healthy births, namely in health facilities by making it easier financing to all pregnant women, maternity, postpartum mothers and newborns organized nationally so that in order to reduce child mortality and improve maternal health.

c. Infrastructure

From the results of research and observation that the basic physical facilities owned turns Poskesdes not meet the standards because of the size of small buildings so narrow-conditioning, no electric lighting and do not have clean water. While the fixtures and fittings in the delivery room everything is not up to standard. The availability of infrastructure is a decisive factor in the policy program. Implementor must get source that needed to make the program run smoothly. Even if the policy has clear goals and objectives, in the absence of adequate resources, the policy simply stay on paper documents.

d. Method

Based on the results of research and observation shows that operational standards procedure (SOP) on the implementation of service delivery did not exist at all emblazoned both in health centers and village health post. Not prepare a solution of DTT and three other informants who do not use personal protective equipment (aprons, goggles, masks, boots, hats). which is a series of APN implementation. It can affect the improvement of quality of service and in improving the effectiveness of a service system. Development and use of SOP an integral part of a system. It provides a delivery service officer with the information to carry out a good job and make it easier for consistency of quality and a final result through the consistent implementation of a procedure or process within the clinic.

3.2 Implementation Aspects

Process implementation is following of some theories that supporting the sequences of this research [7-10] a Plan Planning the implementation of service delivery in health centers found that planning includes site preparation aid delivery has been prepared according to the situation and the conditions that exist in the workplace because the building poskesdes and improper use and lack of equipment.

If the planning process is done properly will guarantee the implementation of activities to be good so as to achieve the objectives of the organization are efficient and effective. Policies are formulated in a plan includes organizational structure that will be created, the development and use of labor, systems and procedures that would be used as well as the equipment needed for the smooth running of the implementation of programs in PHC in particular the implementation of delivery services.

a. Implementation

Based on the research results ahwa officers in carrying out delivery service is not using the reference standard operating procedures for the existing standards in the clinic has been damaged it is supported by the results of the observation that there are no documents about the SOP implementation of service delivery and evaluation of the implementation of service delivery over the years. In the implementation of service delivery should keep quality service principal in order to achieve satisfaction in patients and provide optimal demographic impact. Medical officers who have the competence and ability of labor with professional help, a service that meets criteria of quality services, referral action can be done in case of risk to the patient can be done in the referral.

b. Supervision

Based on the research that the supervision of the implementation of service delivery has not done well as monitoring and direct supervision that is part of the monitoring has not been done, from health centers and health departments to improve service quality, especially delivery assistance. In an effort to improve the quality of service delivery in health centers, in the district / city can do activities, one of which is supervising the implementation of service delivery facilities. It is to identify problems with the implementation of the service delivery system approach and then jointly look for solutions that effectively and efficiently.

3.3 Output

Deliveries in the District Malawily still carried out by non-medical personnel (shaman) and the majority of deliveries take place at home. Births assisted by skilled health personnel in health facilities in health centers in 2014 Malawily ie from 58 deliveries only 3 (5%) of mothers who gave birth in a health facility, while as many as 37 (62.71%) ibudi please by non-health workers took place in health facilities and there were 19 (32.20%) births assisted by non-medical personnel (shaman) but all clamped using Jampersal funds.

It is also common in the period January to May 2015 although there has been a change technical guidelines on the number of service delivery. When linked with indicators of success as district which refers to the target of the Ministry of Health in 2014, ie 90% for the scope of delivery assistance by health professionals in health facilities in health centers Malawily have not been successful because it is still far below the 90% as stipulated by the Ministry of Health, due to building facilities poskesdes improper use, equipment that does not meet standards, and cultural factors influence the achievement of this scope of service delivery.

4. Conclusion

4. 1. Aspects Input

a. Human Resources

Midwife or the services of deliveries in the village in the region of Malawily health centre in terms of quantity, namely the number already fulfilled each - each midwife is responsible for one village built, but in terms of quality does not meet standards because of 8 midwives in village only 3 people residing in Aimas village, Klaigit village, Klabinaen village dan most have not been trained APN, asphyxiation and LBW midwives Malasom village, Warmon village,. There are 3 midwives have been trained APN, asphyxiation and BBL but have long midwives Night Kabo village, Klalin village, Intipura village. Related to the financing of the fund Jampersal claiming procedure is not in accordance with the Technical Guidelines, as all deliveries by health workers in the region health centre of Malawily, Jampersal funds despite claims from deliveries made in non-health facility. Besides filing Jampersal fund has a complicated procedure because it must fulfill the administrative requirements that have been determined, the process of disbursement of time 3-4 months to verify the report as well as a reduction of 15% for administrative costs in the health center so that the midwife had to bear the first of delivery finance [11, 12].

b. Standard operating procedures

Malawily public health centre for implementation of service delivery for Jampersal still refer to the standard guidelines for normal delivery care, but not yet available SOP delivery assistance both in health centers and village health post. There has been no effort from DKK to hold SOP delivery assistance.

c. Health infrastructure

Means associated with the tool and essential drugs have not been all fulfilled as parturition sets, intravenous fluids RL, drug oxytocin, as well as consumables that partly still provided its own. Relating to the infrastructure of the four villages have Poskesdes namely village namely: Aimas village, Klaigit village, Klabinaen village, Malasom village and all is not feasible because it does not meet the criteria for such a small room, no clean water source and lighting so that labor is mostly done in the patient's home. While 4 others, namely Warmon village, Night Kabo village, Klalin village, Intipura village not have Poskesdes because there is no location for the construction of poskesdes or village health pos.

4.2. Aspects of the process comprising:

a. Implementation Planning Services Delivery

Based on the results of research that for birth preparedness planning has been done in the working area of Malawily health centre but because of the facilities unfit for labor as well as cultural factors are still strong so ashamed of always achieving the target is always low despite the Jampersal program.

b. Implementation of SOP

Officers in carrying out the ministry of labor has not been standardized operating procedures and evaluation of the implementation of service delivery is never done at the health center.

c. Surveillance (monitoring and supervision)

Supervision of service delivery has not done well from 8 villages in the health center for monitoring and supervision Malawily directly and routine part of monitoring has not been implemented.

4.3. Output Aspect consisting of:

Aid coverage of births attended by each midwife at Malawily health centre in 2014 DKK Bone has not reached the target of 90%. Because aid delivery still many occurred in non Faskes or at the patient's home because of confidence in the shaman is still high and the culture of "shame" that is believed by local people. Although the delivery is done in a non health facility still claimed to use the funds Jampersal, similar thing happened in the period of January 2014 until Mei although there has been a change technical guidelines on the number of service delivery.

5. Suggestions

5.1. For DHO Sorong

a. Conduct training for midwives who have never attended training APN, asphyxiation, LBW and refresher skills for midwives who have long followed the APN, asphyxiation, LBW.

b. Provide ease of administration for midwives in terms of disbursement Jampersal.

c. DKK parties to coordinate with the health center in the procurement SOP delivery assistance.

d. Cooperating with public figures (TOMA) for Poskesdes existing buildings to be addressed and that do not have village health pos or Poskesdes made according to standards so that midwives can stay in the village, so can be used for spot delivery assistance that meet the standards.

e. Approach, socialization and proposed to local governments on an ongoing basis to help finance procurement and health infrastructure (equipment, essential medicines and transport) in accordance with the minimum standards Poskesdes.

f. Need supervision with monitoring and supervision on the ground in connection with the implementation of Jampersal.

5.2. For Health Centre

a. In collaboration with community leaders and health authorities in terms of procurement of the construction site Poskesdes are not yet available, namely in Malasom village, Warmon village, Night Kabo village.

b. Supervising routine to 8 midwives by dividing rayon according to geographical location, so that the health center is more familiar and prioritize the problems faced by the village midwife.

c. In providing maternal and child health services, midwives need to pay attention and learn the local belief that include cultural and religious. This situation is expected to improve public confidence in the ability of midwives not only as professionals in the field but understands the circumstances and needs of clients, especially in the local culture.

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