

Strategic Management of Maternal and Child Health Services Improve Public Health Degree (Study on Implementation of SUTERA EMAS and EMAS Program in Malang Regency)

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Abstract

Implementation of strategic management at the mother and children health services in Malang Regency is done through Sutera Emas and Emas Program. Both programs is grand strategy of Malang Regency to increase the societal health level measured from the AKI and AKB indicators. For that, the research aimed at describing and analyzing the implementation of Sutera Emas and Emas Program based on strategic management perspective, and identifying the obstacles occurred and producing alternative strategy for acceleration in decrease the AKI and AKB. So the used research method is qualitative by using descriptive analysis and foresight Approaches and Methods. The results showed that the implementation of Sutera Emas and Emas Programs are societal based program that use information technology to decrease AKI and AKB in Malang Regency. But the implementation of both program unable to be implemented wholly in Malang Regency. Because of that, it need alternative strategy for AKI and AKB decrease acceleration based on need assessment. The alternative strategy then be simulated based on three regions based on the criteria of standby village strata and the affordability of health service, either from the health service worker or health facilities.

Keywords: AKI and AKB, acceleration alternative strategy

INTRODUCTION

Challenge of health development facing today such as improving the health service for mother and children (KIA). The mother mortality rate (AKI) and infant mortality rate emerges when development (KIA) which has been implemented so far unable to increase the societal health level. It is inversely with the actual development. As the opinion of Tjokroaminoto that “development is continue and renewal process from certain condition to better condition”. [1]

High AKI and AKB in Malang Regency based on Performance Report (LKj) of Malang Regency 2016 caused by the low level of societal understanding especially about nutrient fulfillment for pregnant mother in remote village, degenerative diseases and contagion and the presence of region which difficult to reach. The increase of AKB also caused by lack competency of worker in emergency of neonatal in local governmental clinic, so need effort to improve competency through training and technical guidance [2]. At other side, the indirect cause of

high AKI and AKB in Malang Regency because of the slow reporting process and early detection that cause the late decision making and late first aid and complex reference system and lack competency for maternal and neonatal emergency.

Strategic management development become one of problem solving. Malang Regency Government do strategic management development in an innovative program called as Sutera Emas and Emas Program. Both innovative program are expected able to decrease AKI and AKB in Malang Regency. Explained that innovation at public sector give more emphasis at improvement aspect produced from the innovative activities government able to give more effective, efficient, quality, cheap and affordable services [3]. Then the strategic management development at creation of innovative program of Sutera Emas and Emas Program is expected able to improve the health services for mother and children in Malang Regency, especially for pregnant mother and newborn baby.

The research aimed at describing and analyzing the implementation of Sutera Emas and Emas Program in Malang Regency based on Strategic Management perspective; identifying

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obstacles facing in implementation of Sutera Emas and Emas Program in Malang Regency; and analyzing alternative design at the services of mother and children in decreasing the AKI and AKB in Malang Regency.

MATERIAL AND METHOD

Research method used is qualitative research data collection method of semi structured interview, observation and documentation. Research done at in Malang Regency with site research, Health Agency of Malang Regency, related Hospital and Local government clinic. While data analysis method used is descriptive qualitative combined with Foresight Approaches and Methods. While the stages in descriptive data analysis such as (a) data organization; (b) grouping based on category, theme, answer pattern (c) testing assumptions or problem toward data; (d) finding alternative explanation for data; (e) writing research results. [4]. Analysis results of Foresight Approaches and Methods

Data Collection

Data collection technique at research about Strategic Management of mother and children in effort to improve the societal health level through implementation of Sutera Emas and Emas Program in Malang Regency by using data collection technique of interview, observation and documentation. (a) At interview technique by using semi structured interview method by considering the researcher want to dig and find problem openly and deeply related with the Strategic Management of mother and children health through implementation of Sutera Emas and Emas Program in Malang Regency. The writer also want to do interview directly to informant to ask opinion and idea related with the research problem. Then to support the interview technique, the researcher used research instrument in the form of interview guide, voice recorder, and writing tools. (b) At observation technique by using frankly observation method to get valid data (c) Documentation is supplemental technique with consideration the observation and interview will be more credible if supported with the related document.

RESULT AND DISCUSSION

Principally, the strategy definition including 3 main things, goal, means, and method. [5]. Sutera Emas and Emas Program aimed at

improving the societal health level through mother and children health improvement to decrease AKI and AKB in Malang Regency. Means used in the implementation of Sutera Emas and Emas Program is health worker and health facilities that emergency response toward maternal and neonatal problem. The way done that is epidemiology surveillance, societal empowerment, technological development, and competency improvement for maternal and neonatal emergency.

If refer to the public service category according to Rewansyah of Sutera Emas and Emas Program including in the societal services. Because the societal services category is service type that give emphasis to the societal activities. [6]. Strategic consideration of Malang Regency government to implement Sutera Emas and Emas Program in decreasing the AKI and AKB, such as:

- a. Give emphasis to the early detection for health problem countermeasure real time by using information technology and societal empowerment so reference process easiness and emergency handling for maternal and neonatal emergency.
- b. Both programs used health paradigm, means the viewpoint, mindset, and health development model that is holistic and comprehensive

The management operational implementation of Surveillance Epidemiology at the Sutera Emas Program aimed at improving the speed and precision of finding and handling the midwifery program by holding principle:

- *Early case finding.* At the principle by empowering society as cadre of Sutera Emas. Main task of Sutera Emas cadre is become main informant in finding midwifery case and maternal and neonatal emergency.
- *Early case reporting.* In this principle, it is done with way the Sutera Emas cadre report to village midwife, then the midwife do home visit to ensure the patient condition. Reporting through SMS Gateway, then GESSY operator at Local government clinic automatically input data of the case, so suspect data can be displayed at website that can be managed by Local government clinic, Hospital and Health Agency of Malang Regency. So early case reporting can be done in 24 hours and reporting process and historical recapitulation of the data accurate and precise.
- *Early case handling.* In this principle, the input data in the GESSY operator can be follow up

soon by local government clinic, even can be referred if in emergency situation. Even can be follow up by fast response team (TGC) of local government clinic or fast response team (TGC) of Health Agency of Malang Regency if there is KLB. Because the server of Sutera Emas linked with server Sijari Emas. Means that Sutera Emas data become the patient database.

- Community Empowering. In this principle, the societal empowerment done through formation of Sutera Emas cadre, with concept of One RT-One Cadre; One Mother At Risk-One Cadre; One Newborn At Risk-One Cadre; One Infant At Risk-One Cadre; and One Child Under 5 Ys Old At Risk-One Cadre. But in the implementation, the concept can not run effectively. Because, it is formed only One RT-One Cadre.

While at the operational implementation of reference service management and improvement of emergency competence at Emas program, the first step done by Malang Regency Government, that is making Reference Performance Standard, aimed at assessing, monitoring, and improving the reference. The reference performance standard as reference for health facilities to do services. Because of that, it need technical guidance by accompaniment. The accompaniment form in the form of assistance of clinical management, clinical guidance for maternal and neonatal emergency and reference system network management.

Information technology of gradual reference at the program developed is information system for mother and infant (Sijari Emas) with technology application of SMS, *Mobile or Website based*. Sejar Emas in Malang Regency connects the service provider with health service in effort to improve the communication and response level related to the reference between local government clinic and hospital and decrease the delay in referring patients, finding care and providing services. It means that the health service done is electronic services pattern, because the using of technology through Sijari Emas very dominant in the program

Drill emergency is a training program for management to handle maternal and neonatal emergency at Local government clinic or Hospital to improve the maternal and neonatal emergency services. Drill emergency is a skill assessment in effort to improve the competence of Emergency team for Maternal and Neonatal at local government clinic in transferring the actions

of emergency action at local government clinic. So able to decrease the risk of mother and baby death in Malang Regency. Beside that to strengthen accountability of Emas program also done through the involvement of societies by formation of Mother and Children Health Motivator (MKIA) and Civil Society Forum (FMM).

Obstacles in the implementation of Sutera Emas and Emas Program producing challenges that should be handle by Malang Regency Government, such as

- Doing improvement of quality and quantity of cadre and health promotion activities, especially KIA.
- Cadre institutionalization
- Minimizing the dysfunction and multi task for health cadre role
- Replicating ICT Emas and drill emergency maternal and neonatal at local government clinic
- Perception equalization among health workers through socialization and program accompaniment
- Conducting quality and quantity improvement for health workers, especially maternal and neonatal emergency workers at the remote village and area which not get Emas program intervention.

So it need alternative strategy to decrease AKI and AKB in Malang Regency based on need assessment. Because in the societal based program implementation given in Sutera Emas Program since 2009 and Emas program since 2012 unable to make achievement ideal condition of risk factor detection and complication by society reach to 100%. Even in this indicator is indicator used to see the pregnant mother and neonates with risk or complication factor found by doctor or shaman or societies and referred to health worker in the certain work area at certain time. So it impacts to the indicator achievement of obstetric complication handling coverage which only 96,58% and neonates complication handling coverage of 90,77%. Indicator achievement which not reach 100% showed that the health cadre role, shaman and societies in implementing their function not optimum. So, the researcher do need assessment based on area mapping. Area mapping will be simulated in three area. Below is identification of area based on need assessment.

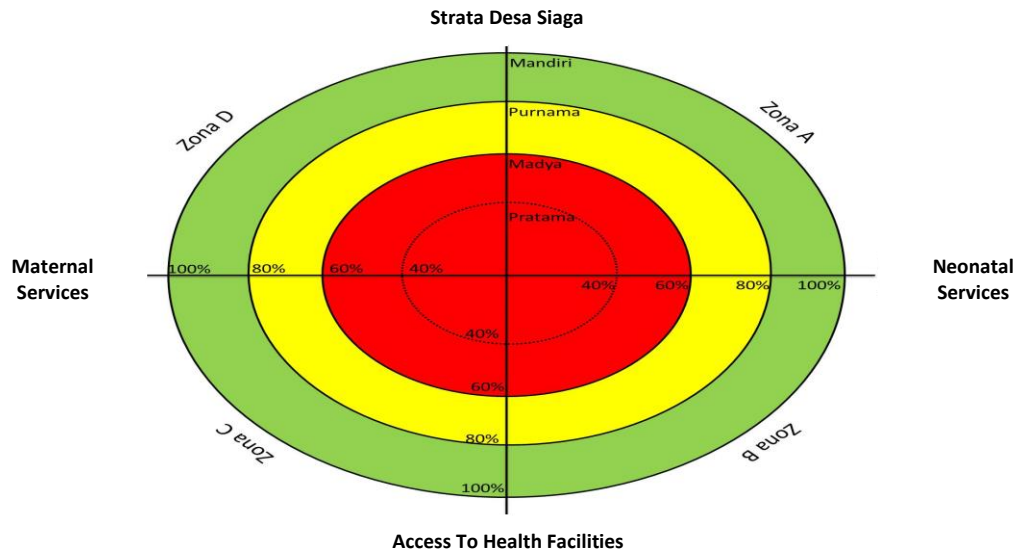


Figure 1. Alternative Mapping Zone Strategy Acceleration Of Maternal Mortality Rate and Neoatal Mortality Rate In Malang City

Green

Area at the green region consist of 4 zones. The region is village or ward near city with health facility easiness and get intervention of Sutera Emas and Emas Program.

- Zone A: consist of area (village/ward) that have autonomous standby village strata with neonatal service coverage in range $\geq 80\%$ to $\leq 100\%$, either neonatal services by health worker or neonatal complication case handled.
 - Cooperation with NGO or higher education in giving health promotion of neonatal health services.
 - Development of cadre empowerment and societal groups
- Zone B: area (village /ward) that have neonatal services coverage level and accessibility toward health facility in range $\geq 80\%$ to $\leq 100\%$, either neonatal services by health worker or neonatal complication case handled.
 - Improvement of neonatal emergency competency
 - Improvement of all KAI facilities coordination
- Zone C: area (village /ward) that have maternal services coverage level and accessibility toward health facility in range $\geq 80\%$ to $\leq 100\%$, either neonatal services by health worker or maternal complication case handled
 - Strengthening of Contra War Program
 - Strengthening of antenatal care
 - Improvement of maternal emergency competency

- Improvement of health facilities coordination that service mother and children health .

- Zone D: consist of area (village/ward) that have autonomous standby village strata with service coverage for maternity in range $\geq 80\%$ to $\leq 100\%$, either neonates services by health worker or maternal complication case handled.
 - Cooperation with NGO or higher education in promoting maternal health
 - Improving the empowerment of health cadre and societal group
 - Accompaniment and information giving activities
 - Strengthening societal original institution

Yellow

- Zone A: Area (village/ward) that have full moon standby village strata with neonatal service coverage in range $\geq 60\%$ to $\leq 80\%$, either neonatal services by health worker or neonatal complication case handled
 - Cooperation with NGO or higher education in promoting neonatal health
 - Do partnership with shaman
 - Improving the empowerment of health cadre and societal group
- Zone B: area (village /ward) that have neonatal services coverage level and accessibility toward health facility in range $\geq 60\%$ to $\leq 80\%$, either neonatal services by health worker or neonatal complication case handled.
 - Service improvement a at local government clinic PONED
 - Addition of health worker of First Aid Emergency Neonatal Obstetric

- Improvement of neonatal emergency competence
- Using Information technology of Sutera Emas and ICT Sijari Emas
- Zone C: area (village /ward) that have maternal services coverage level and accessibility toward health facility in range $\geq 60\%$ to $\leq 80\%$, either neonatal services by health worker or maternal complication case handled
 - Addition of health worker of First Aid Emergency Neonatal Obstetric
 - Improvement of neonatal emergency competence
 - Application of Contra War Program
 - Activating antenatal care
 - Improvement of maternal emergency competence
 - Using Information technology of Sutera Emas and ICT Sijari Emas
- Zone D: consist of area (village/ward) that have full moon standby village strata with service coverage for maternity in range $\geq 60\%$ to $\leq 80\%$, either neonates services by health worker or maternal complication case handled.
 - Cooperation with NGO or higher education in promoting neonatal health
 - Do partnership with shaman
 - Improving the empowerment of health cadre and societal group
 - Accompaniment and information giving activities

Red

- Zone A: Area (village/ward) that have first standby village strata with neonatal service coverage in range $\geq 40\%$ to $\leq 60\%$, either neonatal services by health worker or neonatal complication case handled
 - Strengthening societal figure role
 - Do partnership with shaman
 - Improving the empowerment of health cadre and societal group
- Zone B: area (village /ward) that have neonatal services coverage level and accessibility toward health facility in range $\geq 40\%$ to $\leq 60\%$, either neonatal services by health worker or neonatal complication case handled.
 - Service improvement at local government clinic PONED
 - Mobile Local government clinic
 - Availability of village ambulance
 - Addition of village midwife and midwife at local government clinic

- Improvement of maternal emergency competence
- Using Information technology of Sutera Emas and Sijari Emas ICT
- Zone C: area (village /ward) that have maternal services coverage level and accessibility toward health facility in range $\geq 60\%$ to $\leq 80\%$, either neonatal services by health worker or maternal complication case handled .
 - Service improvement at local government clinic PONED
 - Mobile Local government clinic
 - Availability of village ambulance
 - Addition of village midwife and midwife at local government clinic
 - Application of Contra War Program
 - Activating antenatal care
 - Improvement of maternal emergency competence
 - Using Information technology of Sutera Emas and Sijari Emas ICT
- Zone D: consist of area (village/ward) that have first standby village strata with service coverage for maternity in range $\geq 60\%$ to $\leq 80\%$, either neonates services by health worker or maternal complication case handled.
 - Cooperation with NGO or higher education in promoting neonatal health
 - Do partnership with shaman
 - Improving the empowerment of health cadre and societal group
 - Accompaniment and information giving activities

CONCLUSION

Sutera Emas and Emas Program aimed at improving the health level of mother and children with AKI and AKB indicator. Strategy used in both program is societal empowerment, use of information technology and competence improvement. But in the implementation, empowerment strategy unable to touch program target, not all local government clinic able to apply Sutera Emas ICT, even still need improvement of quality and quantity of health worker of APN, PPGDON, GDN, especially at remote village and village that has limited health service reach for mother and children. So strategy alternative developed need based on need assessment. Strategy alternative produced is classified based on three area based on the emergency status to be handled.

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