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Analysis of Neonatal Service Management in the Community Health Center in Central Buton Regency

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Abstract

The coverage of Complete Neonatal Visits (KN) in Central Buton Regency in 2016 was 94.1% and in 2017 increased to 98.8% but the coverage of neonatal complications handled in 2016 was only 10.4% and in 2017 only 18.8% and still below the SPM target (90%). The purpose of this study was to analyze the management of neonatal services at Community Health centers with the highest and lowest coverage of neonatal complications handled in Central Buton Regency. This research method is qualitative research conducted through in-depth interviews. Main informants: 10 health workers involved in neonatal services (5 from each Community Health Centre). Triangulation informant: Head of the family health section of Central Buton Regency and 8 mothers who have babies aged 1-3 months (4 people from each Community Health Centre). Data analysis with content analysis. The results of the study showed that high coverage public health centers had low quantity but good quality human resources, low coverage health centers had good quantity human resources but lacked quality. High coverage Community Health Centre has a target set, the Community Health Centre head and the coordinating midwife are always active and cohesive in motivating village midwives, directing and conducting supervision, while low coverage Community Health Centre does not exist. Organizing has been going well at both health centers.

Keywords: *Management; Neonatal Services; Community Health Centre.*

Introduction

Infant Mortality Rate (IMR) is one important indicator in assessing the degree of public health in an area. The Indonesian Health Demographic Survey in 2017 shows the Infant Mortality Rate (IMR) of 24 per 1000 live births and the Neonatal Death rate in Indonesia of 15 per 1000 live births. Neonatal deaths still contribute greatly to infant and toddler deaths. The neonatal mortality rate is one of the target indicators for SDGs with a target of decreasing to 12 per 1000 live births by 2030 (Central Bureau of Health Statistics, 2017; UNICEF, 2010).

High and low neonatal mortality depends on various risk factors such as socioeconomic levels associated with low birth weight babies, quality of health services, age of pregnant women, parity, pregnancy disorders and patterns of disease-causing neonatal deaths such as prematurity, LBW, asphyxia and infection. The untreated neonatal impact will increase neonatal complications and end in death (Badalia, 2016).

Minister of Health Regulation number 53 of 2014 concerning Essential Neonatal Health Services explains the efforts of Children's Health are every activity and or series of activities carried out in an integrated, integrated and continuous manner to maintain and improve children's health status in the form of disease prevention, treatment of disease, and health recovery by government, regional government and or community. Essential Neonatal Health Services are part of children's health services that are carried out in a comprehensive manner with approaches to maintenance of health promotion (promotive), prevention of disease (preventive), cure of disease (curative), and recovery of disease (rehabilitative).

Coverage of Complete Neonatal Visits in 2016 was 94.1% while in 2017 it was 98.8% but the coverage of neonatal complications handled in 2016 was only 10.4% and in 2017 only 18.8% and still below the SPM 90 target %. This shows that the coverage of neonatal complications is still low (Central Buton Regency Health Office, 2017).

The low quality of health services requires strong management support so it is hoped that the health service program can achieve its objectives effectively and efficiently (Sukamti & Riono, 2015). Based on a preliminary study, it was found that the low coverage of handling neonatal complications in the Central Buton Regency was caused by poor management of the community health centers. Not yet optimal management of neonatal services can be seen from each aspect of management that is applied in the implementation of neonatal health services. The management functions include input, planning, organizing, implementing and monitoring. The purpose of this study was to analyze the management of neonatal services at Community Health centers with the highest and lowest coverage of neonatal complications handled in Central Buton Regency. This study aims to analyze the management of neonatal services at Community Health centers with the highest and lowest coverage of neonatal complications handled in Central Buton Regency.

Methods

This type of research is qualitative. The community health center studied were selected with the highest criteria and the lowest coverage of neonatal complications. The main informants of the study in this study were 2 community health center heads, 2 coordinating midwives, 6 village midwives from 2 selected community health centers. The triangulation informant was the Head of the Family Health Section and 8 mothers who had babies aged 1-3 months from 2 selected community health centers. Data collection is done by in-depth interviews (in-depth interviews). Data analysis conducted in this research is content analysis, which is data collection, data reduction, data presentation, and conclusion drawing.

Results and Discussion

Input

Human resources are one of the determining factors in the quality of health services, human resource management is important for improving health services. (Rigoli & Dussault, 2003; Kabene et al., 2006). In the aspect of the number of human resources in neonatal services at the high and low coverage community health center, there are differences, namely the high coverage community health center at 4

civil servant midwives and the low coverage community health center at 7 civil servant midwives. For neonatal care training, all stated that they had never received any training related to neonatal care since 2014. One of the main informants at the high coverage community health center said that he had received training about LBW (low birth weight babies) about nine years ago. Information from the Head of Health Office shows that the Health Department has never held or facilitated midwives in MCH training (maternal and child health) especially neonatal services. Civil servant midwives individually attend training, especially related to childbirth when they will take care of the requirements for the extension of STR (Registration Certificate).

Based on the results of the interview it can be concluded there are differences in Human Resources in terms of quantity there is a difference between the two health centers. Based on the Minimum Health Service Standard, the ratio of village midwives to the total population is 1 midwife in charge of villages with a population of 1000 people in a working area, this is based on Minister of Health Regulations Number 43 of 2016 concerning Minimum Service Standards in the Health Sector. At the community health center with high coverage of the quantity of Human Resources, it was still lacking because there were only 4 civil servant midwives in charge of 6 villages with a population of 6,283 people. At the community health center, the coverage of low quantity of Human Resources is already good because there are 7 civil servant midwives who oversee 6 villages with a population of 6,252 people. In general, the number of midwives in Human Resources in Central Buton is sufficient, namely around 100 civil servant midwives who oversee 99,215 people.

In terms of HR quality, in Minister of Health Regulations No. 53 of 2014 concerning essential neonatal health services, article 2 states that essential neonatal health services must be performed by competent health workers. But this is contrary to the results of research that shows that human resources in neonatal services are still of minimal quality because they have never attended training on neonatal services. This will certainly affect the skills of midwives in performing neonatal services. The lack of staff skills in neonatal service management is also due to lack of training. Training is an effort that is part of HR investment to improve work skills and abilities so that employee performance improves (Sukamti & Riono, 2015).

This research shows there are differences in Human Resources in terms of quantity and quality. At the community health center, the coverage of high-quality HR is still lacking but the quantity is good because most midwives have already performed neonatal services according to the SOP. Whereas the community health center coverage is low in quantity but the quality is still lacking because most midwives have not yet performed neonatal services according to the SOP. Human resource factors can affect other factors, human resources that have good quality and quantity will carry out their main tasks and functions well, so the program can run optimally (Nurulita & Darnoto, 2017). Research on Management Evaluation on the Implementation of Diphtheria Outbreak Control in the City of Surabaya in 2012 showed that employment problems were experienced at almost all levels in both the City and Regency (Mardiyanti, 2012).

Methods in the management of neonatal services in Community Health centers include the availability of SOPs, operational guidelines or technical guidelines in neonatal health services (Muninjaya, 2011). Neonatal service SOPs are available that are incorporated into labor SOPs both at high coverage and low coverage community health center. SOPs about neonatal services at both high coverage and low coverage community health center are not posted on the wall because surveyors at the time of accreditation forbid attaching all SOPs for midwifery services but are arranged in a book form. The head of the family health section stated the same thing that all community health centers already had SOPs for midwifery services because of the community health center accreditation.

Based on the results of the interview it can be concluded that SOPs for neonatal services are available at both community health centers. SOP is implementation instructions (operational guidelines) and technical instructions (technical guidelines) are procedures or stages that must be passed in a particular work, which can be accepted by an authorized person or responsible for maintaining a certain level of appearance or conditions so that an activity can be completed in a manner effective and efficient (Siswanto, 2013; Ernawati, 2020). Research conducted in Magetan shows that the availability of SOPs facilitates the work of midwives and teams, as a legal basis when deviations occur, to clearly identify obstacles that occur and facilitate tracking, directing midwives to discipline in work, as a guide in carrying out routine work (Ambarwati et al., 2016).

Planning

Planning in the management of neonatal services at high and low coverage Community Health centers there is a difference, namely at the high coverage community health centers, there is a determination of the target each month discussed when mini-workshop takes place. At the low coverage community health centers there is no target setting, only looking at the report every month if there is a problem then it is discussed during mini-workshop to solve and find solutions to existing problems. If there are no problems in neonatal care, then there is no discussion. The aspects of compiling the implementation and compiling the budget are both not planned by the two community health centers. The implementation of neonatal services is still ongoing as usual following other MCH programs. The budget for neonatal services is still combined with childbirth funds, PNC (postnatal care) and ANC (antenatal care) funds. Head of the Family Health and Nutrition Section said that the health department had set targets to be discussed when monitoring the evaluation which was conducted every six months. Preparation of the implementation of activities and determination of the budget has not been done by the health department.

Based on the results of the interview it can be concluded that the planning of the target determination aspects has been running at the high coverage community health centers and has been sought from the health department. At the low coverage community health centers there was no targeting. The function of planning is that health services are to set directions and priorities and determine performance targets (Handler et al., 2001).

Preparation of the implementation plan and preparation of the budget has not been done by high coverage community health centers and low coverage community health centers. The health office also has not yet prepared a plan for implementing activities and preparing a neonatal service budget. Planning is the first step taken in an effort to achieve goals. The basis of the steps that must be taken has been laid in the strategy of an organization (Faric, 2012). The results of previous studies at the Minasa Upa Health Center in Makassar City on the Implementation of Management Functions at the Health Center showed that the planning and direction functions were factors that were highly correlated with the success of a program implemented (Ramsar et al., 2013).

Organizing

The organization in the management of neonatal services at community health centers high and low coverage has been functioning well. For the working group, there are apprentice midwives who help implement neonatal services in each village. Community Health centers with high coverage place an apprentice midwife as a village midwife in villages that do not have civil servant midwives. Coordination of neonatal service activities between civil servant midwives and midwife apprenticeships has been carried out in two community health centers, namely by telephone, especially for visits to infants' homes. The Health Department has not yet formed a working group and coordinated activities carried out at the community health centers for neonatal services.

There is no difference in organizing aspects in the management of neonatal services at Community Health centers at the high and low levels and that it has been running well, namely the existence of working groups and coordination of activities. Organizing is a process for designing formal structures, grouping and dividing tasks or work among members of the organization so that goals can be achieved efficiently (Muninjaya, 2011). Good organization will support the goals of an organization, because through groups or more people who work together cooperatively and coordinated can achieve and produce more than what is done individually can increase knowledge sharing within the organization (Willem & Buelens, 2007).

Mobilization and Implementation

Movements in the management of neonatal services related to motivation and direction are differences in high coverage and low coverage community health centers. In community health centers with high coverage, the community health centers head always motivates village midwives in neonatal services that are carried out during sudden meetings. Guidance by the head of the community health centers and coordinating midwife is also carried out when there is a problem or case by providing guidance and solutions related to the existing problem. In community health centers with low coverage, there has never been any motivation or direction given to village midwives. The Health Office provides motivation and direction in the implementation of neonatal services, at the time of monitoring and evaluation every 6 months to achieve the targets of each community health center in accreditation, especially at problematic community health centers.

Table 1. Implementation of Neonatal Services in infants aged 1-3 months

Indicator	High coverage community health center		Low coverage community health center		Description
	done	%	done	%	
Conduct Tool Preparation	75		50		
Provide a Preliminary Assessment	50		50		
Preventing Heat in Infants	50		50		4 babies of each community health center
Conduct IMD (Early Breastfeeding Initiation)	50		25		
Preventing Bleeding	50		25		
Preventing Eye Infection	75		25		
Giving Hepatitis B Immunization	100		100		

Source: primary data, 2020.

Based on the results of the interview it can be concluded that the Health Office has provided motivation and direction to the community health centers for neonatal services, but has not been routinely done because it is only every 6 months. Motivation and direction have been done at high coverage community health centers and not at low coverage community health centers. Research conducted in Boyolali states that to improve an organization's health services it must carry out the directive function through leaders by providing effective motivation and communication with subordinates (Iraningsih & Azinar, 2017).

In the implementation, it is important to have the right motivation or interest in carrying out tasks, and full responsibility according to operational guidelines, technical guidelines, existing policies and observance of procedures (Satrianegara, 2012).

The suitability of the implementation of neonatal services to SOP can be seen in table 1. This table is a triangulation of the results of interviews with mothers who have babies aged 1-3 months taken each of 4 people from each health center. Table 1 shows that the implementation of neonatal services has not been fully carried out according to the SOP, especially in low coverage community health centers. The negative and positive effects of SOPs, the job description of the rules that the organization has depends on whether procedures have been set up to enable employees to perform their duties properly or not. If the procedure is carried out properly it can increase patient satisfaction (Budrevičiūtė et al., 2018).

Supervision

Management of neonatal services in the aspect of supervision there is a difference in high coverage community health centers and low coverage community health centers, for community health centers in high coverage, community health centers head sometimes supervises when in community health centers to see what is done by midwives. Low coverage health centers have never had supervision, the Health Service did not conduct supervision visits only to assess the percentage performed by each health center during monitoring and evaluation conducted every 6 months.

Supervision has been carried out by the Health Service but not routinely. Supervision at high coverage community health centers has been carried out routinely and at low coverage community health centers, supervision has not been done. Activities to improve the quality of neonatal services can be carried out through tiered supervision to midwives so leaders are needed to improve compliance, direct and influence activities related to the work of employees (Faric, 2012).

There is no difference between monitoring reports and PWS-KIA (Local Area Monitoring for Maternal and Child Health) in high and low coverage health centers, namely checking reports for neonatal services every month by looking at KN 1, KN 2 and KN (Neonatal Visits) Complete and for Local Area Monitoring Maternal and Child Health (MCH) is done every three months. Monitoring of monthly reports is done by means of village midwives submitting reports to the coordinating midwife. The PWS-KIA report is conducted every 3 months by submitting it to the head of the community health centers to be examined and then forwarded to the Health Office.

Based on the results of this study it can be understood that monitoring of reports at the high and low coverage community health centers has been conducted every month. Reporting on Local Area Monitoring for Maternal and Child Health is done every 3 months which is done in stages to the Regency Health Office. This is in accordance with the rules in Minister of Health Regulations number 53 of 2014 concerning essential neonatal services for reporting and recording which is carried out every month and Local Area Monitoring for Maternal and Child Health every 3 months and then forwarded to the Regency/City, Provincial Health Office, and Health Ministry.

Conclusion

Coverage of neonatal complications handled is influenced by the quality of human resources, planning, implementation, and supervision carried out by the Head of the Community Health centers or the Coordinating Midwife. It is recommended that the Department of Health conduct mobilization, and routine supervision related to neonatal services in collaboration with the health center.

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