

ANALYSIS OF POLICY IMPLEMENTATION TO DECLINE MOTHER AND INFANT MORTALITY RATE THROUGH THE FIVE C'S PROTOCOL (STUDY OF EAST JAVA PROVINCE)

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Abstract

In policy implementation, constraints are often found. Each region varies according to the context of the society it faces. East Java still has significant Mother Mortality Rate (MMR) and Infant Mortality Rate (IMR) of the low quality of public health, especially in the horseshoe area covering the islands of Madura, Pasuruan, Probolinggo, Situbondo, Bondowoso and Jember. To analyze the policy implementation process, researchers use 5C's Protocol. The results showed that, among the 5 C's which is contained in Content, Context, Commitment, Capacity and Client & Coalition, the Public Health Service as the main actor influences the role of successful implementation of policies and programs. Through the 5C's analysis all stages of the policy process become clear. Beginning the determination of policy issues, implementation methods, monitoring and evaluation of MMR and MMR reduction policies can be explained and illustrated. The existence of a strong line relationship between the five C that will be seen that greatly affect the implementation process of decline policy in MMR and IMR in East Java province. This means that the implementation declining policy of MMR and IMR in East Java through innovation of local government actors and stakeholder involvement encourages the successful implementation of this policy.

Keywords: policy implementation, mother and infant mortality

1. INTRODUCTION

East Java Province (East Java) including a potential province. East Java is one of the few provinces of Indonesia blessed with the potential of diverse and abundant energy and mineral resources. Meanwhile, economic growth in East Java in the first half / 2009 is 4.58 percent, exceeded the national economic growth in the same period of 4.2 percent. The condition is very appealing for investors to invest in this province. Even the Central Bureau of Statistics (BPS) estimates, economic growth in East Java 2011 will reach 7%. While economic growth in East Java until the end of 2010 will certainly reach about 6.7%. (<http://www.eastjavacoop.com>)

On the other hand, East Java Provincial Health Service Report in 2008 recorded 4,368 babies died from 558,934 births. Meanwhile,

according to BPS estimation, IMR in East Java Province in 2008 amounted to 32.2 per 1,000 live births. Despite the declining trend over the past 4 years, the IMR is still far from the projected 2010 national target of 25.7 per 1,000 live births (BPS 2008). Many factors affect the IMR and it is not easy to find the most dominant factor.

Related to the process of implementing health policies to reduce maternal and infant mortality (MMR and IMR), especially in East Java, should be a concern. This is related to the high contribution of numbers to maternal and infant mortality, especially in the horseshoe area of East Java. The horseshoe area includes; Madura Island, Pasuruan, Probolinggi, Lumajang, Jember, Situbondo, Bondowoso.

In the Millennium Development Goals (MDGs) mentions a reduction in Child Mortality

in which the target is to reduce child mortality by two-thirds from 1990 to 2015. One indicator is the child Mortality Rate is Infant Mortality Rate (IMR). IMR is one of the benchmarks to assess the extent to which the achievement of people's welfare as a result of the implementation of health development. The other uses of the IMR are as a means of monitoring the health situation, as an input of population projection, and it also can be used to identify high-risk population groups (BPS, 2004). The high rate of IMR is also very closely related to the case of high maternal mortality (MMR). Because of this is due to a culture that develops in society in the process of pregnancy until childbirth. It also includes trust, linkages (networks) and social institutions of society. It is an attachment in social society. So if we talk about IMR, then MMR will also appear.

Incidence of maternal and infant mortality that occurred in the time of delivery, postpartum, and the first days of life the baby, still a tragedy that continues to happen in this country. To reduce Maternal Mortality and Neonatal takes effort and innovation, not the usual ways.

In spite of considerable decline, infant mortality rate and maternal mortality rate is still far from the MDGs targets specified and must be achieved by 2015. The government still has to work hard to achieve the MDGs targets as agreed by the Infant Mortality Rate (IMR) 24 per 1,000 live births and Maternal Mortality Rate (MMR) 102 per 100,000 live births in 2015

There are several questions that need to be answered in this research through five C's Protocol, among others: Why is the implementation of health policy to reducing MMR and MMR in East Java which is still high? What is the role of the government in implementing the policy of reducing MMR and IMR in East Java?

Base on the Act number 36 2009 about Health, Regulation of Minister of Health of the Republic of Indonesia no. 741/Minister of Health /Reg/VII/2008, Decision of Minister of Health No. 004/Minister of Health /SK/X/2003 and Decision of Minister of Health no. 1419/Minister of Health /SK/X/2003

1. Increasing the degree of mother and child healthiness
2. Contains of policy has been identified the kind of usefulness that mother and children have been taken. It covers decreasing mother and children mortality number, increasing health service of mother and children,

increasing exclusive breast-feeding and nutrition program. However, regarding to the decreasing mother mortality program, it is not implemented and identified of usefulness yet

3. The act has been created of change even though that policy is not meet the target of MDGs

2. RESEARCH METHOD

2.1. Analysis of Policy Implementation of IMR and MMR in East Java through Five C's Protocol

To look at the role of government in the process of implementing health policies, it is necessary to do Based on the opinion of Adil Najam (1995: 4-5) in his paper, Learning from the literature on policy implementation: synthesis perspective, concluded that by identifying "5Cs" (five C) Will be able to assist and guide to analyze the implementation of the policy and to explain the effective implementation and to explain the interconnection between the factors in it. The five Cs are as follows, (as in Najam's paper, 1995: 42);

a. Content

Related to the policy itself, how the problem is addressed and addressed to solve the problem, by determining what to do (goals), how the policy issue (causal theory) and how it aims to solve existing problems (methods). Not only the choice of different goals, causal theories, or methods that will affect the content of the policy process and attention to the implementation process, but also how it will impact on four variables. Mixing Causal Theory that a particular goal is interpreted to be an option that potentially leads to an effective goal.

b. Context

Corridors (often structured as operating procedures) should be run through policies, and limitations in the implementation process. In essence, the context of institutional variables forces our attention to the understanding of environmental or corridor institutions through policies that translate into action.

c. Commitment

Their commitment is entrusted with implementations at various levels for purposes,

causal theories and policy methods. The main purpose of the implementation analysis is to understand how policy implementers and commitments combine to influence implementation and how these effects can be structured to improve overall implementation effectiveness

d. Capacity

The administrative capacity of the administrators is to carry out the desired changes. Two levels of bureaucratic politics: The first at an intra-political level - an institution in which officials at different levels and parts of the same agency tend to identify different capacity needs. The second level, important is that inter-agency politics where different agencies can compete for resources in the same policy area, or compete in priorities. Intra and inter agency politics have the requirement to concentrate on the overall scheme of 5Cs. The institutional context relationship is a two-way interplay between the institutional context and the administrative capacity that determines the balance, dynamics and strength of the inter-agency bureaucracy concerned, in turn, impacting the effectiveness of the implementation.

e. Client and Coalition

The administrative capacity of the administrators is to carry out the desired changes. Two levels of bureaucratic politics: The first at an intra-political level - an institution in which officials at different levels and parts of the same agency tend to identify different capacity needs. The second level, important is that inter-agency politics where different agencies can compete for resources in the same policy area, or compete in priorities. Intra and inter agency politics have the requirement to concentrate on the overall scheme of 5Cs. The institutional context relationship is a two-way interplay between the institutional context and the administrative capacity that determines the balance, dynamics and strength of the inter-agency bureaucracy concerned, in turn, impacting the effectiveness of the implementation.

The research method used in exploring this case, is a qualitative-socio-cultural descriptive study. This is because it concerns the cultural domination of Madurese community that has been assimilated with the Java community that has an influence on the implementation process

of the reduction policy of MMR and IMR in East Java Indonesia.

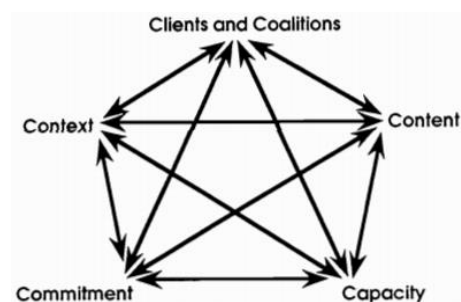


Figure 1 .Five C Protocol

Source: Najam . 1995: 35

3. RESULTS AND DISCUSSION

3.1. Content

Since MMR and IMR of East Java Province are high, so the provincial government also develops policy of decreasing IMR and MMR. East Java Provincial Government in RPJMD East Java Province 2009-2014 stated in the agenda of development of province on point 1; Namely Improving accessibility and quality of health and education services, especially for the poor. In the same case also included in the development priorities of East Java province on point 2. It is pointed out that the high AKB and AKI caused by one of them is, the difficulty of people in accessing health services nearby. In addition, the quality of health services is also a concern for efforts to reduce MMR and IMR in East Java province.

The efforts to reduce MMR and IMR, in this case also formulated in policy of East Java Provincial Health Office (Selayang Pandang Health Office of East Java Year 2012; 12) at point 3, that is the policy of acceleration of decreasing of mother and child mortality. Not only that, in the priority program of the East Java Provincial Health Office, the policy for the reduction of MMR and IMR is in the order of 2, after the malnutrition prevention. This shows the seriousness of East Java provincial government in the effort of policy implementation to the high of IMR and MMR

As for the methods used in the implementation of the policy of reducing MMR and IMR, the provincial government invites district and city governments to simultaneously move to implement the health policy. By With networking between the provincial governments

and local governments. The provincial government gives more directives with the policies issued while the local governments in the districts / cities are more applied.

As Jember district welcomes with the provincial government in this regard, make program the "GERAK BERLIAN" (Gerakan Serentak Jember Peduli Ibu, Bayi dan Anak) with the objectives to be achieved through: 1) Institutional Strengthening and Policy Support from Local Government, 2) Improvement Services 3) Community Empowerment and Stakeholder. Positive responses from offices in other areas and communities through programs in the Provision of RUMAH TUNGGU KELAHIRAN (RTK) in Probolinggo. So there is no reason for expectant mothers who will give birth at high, moderate or very high risk, died due to late help from health personnel. Health Office intensively socialize to maximize the function of RTK in Probolinggo regency. Unlike the efforts of Situbondo district in the program to reduce the MMR and IMR is by using the application based on "Daring" (online) .This application aims to mapping the Mother's death in every village in 17 sub-districts and monitor the development of pregnant women up to the village. As in Surabaya, the high IMR is caused by the age of mothers who are still too young (15-20 years), due to free sex. So that the strengthening of cadres is important in the program of reduction of MMR and IMR in Surabaya.

3.2. Context (The nature of the institutional context)

Corridors (often structured as operating procedures) should be run through policies, and limitations in the implementation process. In essence, the context of institutional variables forces our attention to institutional or corridor understanding through policies transferred into action. Relation with MMR and IMR reduction policy, real action is needed through various programs. The Provincial Government makes a policy that involves many parties in its implementation. Some programs of Public Health Office in the effort to decrease MMR and IMR include: Strengthening of Institution and Policy support from Local Government; Service Improvement; Community empowerment and stakeholders. From each program the activity is supported by the policy of local government such as: making the Decision Acceleration Team

Decree of AKI and AKB; SK Poned Team; SK AMP Team; Budget support for accelerated MMR and IMR reduction; Manual reciprocal system.

In the effort to realize the above policy programs, local governments need the role of relevant partners in accelerating the reduction of MMR and IMR. As well as in the activities of improving health facilities and services in accordance SOP safe delivery in health facilities. The roles of related partners include: Public Health Office, BAPPEDA, Education Office, Centre of Public Health Service, Hospitals, BP2KP, Clinics, Sub-district, Village Head, PKK, Ministry of Religious Affairs, Religious Leaders, community leaders, family leaders and Posyandu cadres.

3.3. Commitment

Their commitment is entrusted to implementation at various levels for a purpose, causal theory and policy methods. The main purpose of the implementation analysis is to understand how policy implementers and commitments combine to influence implementation and how these effects can be structured to improve overall implementation effectiveness.

The commitment of local government in this case is indicated by the seriousness of the related office. In this case make policy implementation plan related to effort of decreasing MMR and IMR. In terms of institutional strengthening and policy support from local governments, some Decision Letter, regulations, system manuals.

The next commitment is service improvement, which includes several activities: improved service management, socialization and meeting improvements, human resources training, Public Health Services Improvement, Monitoring and evaluation.

The third commitment is Community Empowerment and Stakeholder. Some of its activities include: Workshop with *Dukun Beranak*, community leaders and family leaders; Non-Medical Perinatal Maternal Audit; Integrated visit to *Dukun Beranak* house; Selection of Adolescent Health Ambassadors as an effort of regeneration; Community empowerment through strengthening *Desa Siaga* and Refreshing Posyandu cadres.

3.4. Capacity

The administrative capacity of the administrators is to carry out the desired changes. Two levels of bureaucratic politics: The first at an intra-political level - an institution in which officials at different levels and parts of the same agency tend to identify different capacity needs.

The second level, important is that inter-agency politics where different agencies can compete for resources in the same policy area, or compete in priorities. Intra and inter agency politics have the requirement to concentrate on the overall scheme of 5Cs. The institutional context relationship is a two-way interplay between the institutional context and the administrative capacity that determines the balance, dynamics and strength of the inter-agency bureaucracy concerned, in turn, impacting the effectiveness of the implementation.

At the level of intra-intervention-politics, where officials involved at different levels of the same institution, began identifying their respective capacities in the implementation process of MMR and IMR reduction efforts in East Java province. For example, from public health services, cooperation and collaboration between leaders and subordinate staff and even in the local government of the health service, midwives are assigned in each sub-district or village. Each official has the capacity, duties and authority. This is related to the authority and needs of each different institution in the effort of implementing the policy.

At the inter-agency-politics level, it involves other institutions and stakeholders in the implementation of the policy of reducing MMR and IMR at the provincial and district / city levels. Related to each capacity that can be provided from each agency for the purpose of the policy. As well as Provincial DPRD and Regency DPRD, provide support to this program through its policy of Perda, RPJMD, Renstra and decision letter. District Health Offices play a greater role in their various capacities in implementing MMR and IMR reduction policies. This is because health offices in the region more directly in contact with the community and found the problem face to face.

3.5. Client and Coalition

Client and coalition support interests are enhanced by the policies and strategies they use for strengthening. As another variable, the first

task is one of cataloging, potentially affecting the client and the main actor coalition in implementation. As another variable, the composition of the client and the coalition will affect and be influenced by the other four variables. Transaction is the most important thing in the implementation of programs and clients. This interconnection, in fact, runs through a labyrinth that connects all five variables in the 5C protocol.

The role of stakeholders in the policy of reducing MMR and IMR has the potential to affect the organizational structure established for the implementation of its policies. The main actors in the reduction program of MMR and IMR are Provincial and District Public Health Offices.

In the Public Health Office itself there are many other actors who are quite potential role, such as doctors Puskesmas, Midwives, and Nurses. While as a client is a community of users of health care services. The coalition in question is a partnership, coalition or alliance of several elements, in which, in cooperation, each has its own interests (<https://id.wikipedia.org/wiki/Koalisi>).

In relation to the health policy, this coalition consists of a pattern of inter-midwife relationship with *Dukun Beranak* and with the community. The relationship pattern affects the structure and composition of the client and the coalition that will be formed in the context of implementing the policy of MMR and IMR reduction in East Java. From the relationship of the client and the coalition, the most visible strong line is the midwife's relationship with the community.

4. CONCLUSION

- a. **Content;** Related policies and policy issues concerning MMR and IMR in East Java covering policy draft, policy agenda until the decision is launched and then implemented. Socialized by the Provincial Health Office to the regions as well as obtaining a positive response from local and community offices through regional programs such as *GERAK BERLIAN* in Jember, *RUMAH TUNGGU KELAHIRAN* (RTK) in Probolinggo and the use of online application *DARING* (online) for Situbondo district .
- b. **Context;** Of policies and policy issues that have been made by the provincial government, including the RPJMD of East

Java Province 2009-2014, *RENSTRA Dinas Kesehatan*, development priorities, official policies, to the decree (SK) in an effort to decrease the IMR and MMR. Another effort is to establish a special organizational structure for the reduction of MMR and IMR both at the provincial and district / city levels. Implementation through various programs that each area will be different handling. *GERAK BERLIAN* in Jember, *RTK* in Probolinggo District, use of Online Application *DARING* in Situbondo District, and Strengthening of Posyandu cadres in Surabaya.

- c. **Commitment**; Provincial government holds commitment through policy and network support. Monitor and evaluate the policies and programs of MMR and IMR reduction in each district / city.
- d. **Capacity**; Each institution has a role according to the authority and capacity that is carried out according to the policy issue that will be implemented by East Java Provincial Health Office as the main actor in the implementation of the policy of MMR and IMR decrease in East Java.

- e. **Client and Coalition**; The role of stakeholders has a strong influence in the implementation of the policy of decreasing IMR and MMR in East Java province. Community involvement and strengthening of local government institutions will strengthen the line between 5C's.

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