JOURNAL OF PUBLIC HEALTH FOR TROPICAL AND COASTAL REGION (JPHTCR)

Journal homepage: http:/ejournal2.undip.ac.id/index.php/jphtr/index

ISSN : 2597-4378

Strengthening Maternal and Child Program in Indonesia Through Integrated Planning and Budgeting

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ABSTRACT

Background: Indonesia applies decentralization policy in health sector. However, there are Health Minimum Service Standards (HMSS) that must be met at provincial and district level. In district level, there are 12 indicators that must be achieved include of maternal and child health with the coverage must be 100%. Nevertheless, there are various problems in achieving HMSS both quantity and quality aspect. This study aimed to determine the problems that were happened and determine alternative solutions in the implementation of HMSS especially in maternal and child sector.
Methods: This research was done in two steps. The first step was conducted by Focus Group Discussion (FGD) with participant from many stakeholders in Central Java and Yogyakarta that related with HMSS achievement. This step aims to identify problems in the implementation of HMSS and develop the alternative solution. Second stage was developing the conceptual framework of integrated planning and budgeting.
Results: Based on the research, there are many problems in quantitative and qualitative aspects related to healthcare services. Program planning and budgeting is the main key to achievement HMSS. In second step, an integrated planning and budgeting framework between multisector was obtained including problem identification, problem cause analysis, multisector identification, setting solutions and programs, planning and budgeting, and monitoring and evaluation. So that, there were no overlapping programs, less optimal, and lack of supervision and guidance.
Conclusion: Integrated planning and budgeting was alternative solution to solve the implementation problem in HMSS especially in maternal and child aspect and to achieve HMSS's target. However, strong commitment and monitoring was needed between stakeholder.

Keywords: planning, budgeting, Health Minimum Service Standard

Article history : Received: 16th August 2020 , Revised : 28th August 2020 , Accepted: 1st September 2020

BACKGROUND

Indonesia applies decentralization policy in health sector where each region can determine its own policies.[1] There are Minimum Services Standards (MSS) that must be achieved both provincial and district levels. MSS are provisions type and quality of basic services which are mandatory government. There are six aspects that must be achieved include of education, health, public works and spatial planning, public housing and residential areas, security, public order, community protection, and social.[1] Based on article 18 paragraph (1) and (2) Law Number 23 year 2014, Minimum Services Standards (MSS) must be prioritized in government affairs.[2] In article 298 stated that regional expenditure budgets must be prioritized to fund mandatory government related to basic services at minimum service standard. [3]

According to Government Regulation Number 2 year 2018 on Minimum Services Standard (HMSS), there are 2 health indicator in province and 12 indicators in district level. [4] HMSS in province level include of healthcare service for disaster effect community and extraordinary condition. In district level, HMSS include of maternal and child health, diabetes mellitus, tuberculosis, etc.

Maternal and child health still be the health indicator and can support the HMSS. However, in program implementation of maternal and child program, there was many problems such as lack of support of many stakeholders. There are perception that maternal and child problem still be the reasonability of Health Office. So that, there was need an strategy to synchronize and collaborative the health program among the government stakeholder and support the implementation of the maternal and child program.

METHODS

There are several steps in this research i.e. problem identify and development alternative solution and development framework. The first step was problem identification. This step was conducted by Focus Group Discussion(FGD) among the Central Java Provincial Health Office, Village Health Forum (FKK), Family Health Empowerment (PKK), Banyumas Distric Health Office, Bantul District Health Office, Central Java Regional Planning and Development Agency, Banyumas District Regional Planning and Development that was been held in Semarang in May 2019. After problem identified, the next step was developing alternative solution to solve the problems. This steps also involving various stakeholders so they can decide which solution was the best option for solving the problems. The last step was framework development. In this step, conceptual or strategy framework will be developed as alternative strategy to achieve HMSS target and maternal-child program.

RESULTS AND DISCUSSION

Problems in Implementation of Health Minimum Services Standards

In the HMSS implementation, there were many problems that divide to two aspects i.e. quantitative aspect and qualitative aspect. Quantitative aspect related with population target and qualitative aspect related with health quality service.

a. Quantitative Aspect

The problem in quantitative aspect was the target population data. The real recording and reporting of target population still be the crucial problem. Beside that, there was also the lack of data validity, especially in growth data such as data related pregnant and labor woman. Until now, maternal and child data was collected

from Indonesia Health Program Based on Family Approach (PIS-PK), Monitoring on Local Area (PWS), and private data such as from Private Hospital.

PIS-PK was the program that was launched by Ministry of Health with 12 indicators. In early stage, there was collecting data and early intervention. The data can be used to support the population target. The problem was lack of human resource to implement of PIS-PK. Besides that, the program has the different finance and lack of technical guidance so that there was difficult to do. This result in accordance with other research which also stated that the implementation of PIS-PK still facing various issue, such as lacking of PIS-PK offices compared to the number of family that need to be visited, technical obstacles in inputting and analyzing the data, insufficient facilities and infrastructures, also the multisector cooperation which have not yet optimized.[4]

"…There was lack of competent and trained human resources, especially in collect of mother and labor pregnant that was fluctuative data……."

Beside of PIS-PK, Ministry of Health in Indonesia also develops information system to monitor the health community that was called Monitoring on Local Area (PWS). In the PWS implementation, there was variation in every region. There were areas that implement the PWS but there was also the region that not good enough in PWS implementation.

"…*In antenatal care..pregnant woman sometimes not doing antenatal care fourth times in their pregnancy. If they done fourth time, they didn't do on schedule. So that, if there was a problem in their pregnancy, they didn't get handling immediately…."*

Data from private sector, such as private Hospital, sometimes difficult to collect in Health Office. Lack of socialization and the docility of reporting and recording still be the problem, so that there was no completed data that was collected. In this problem, Health Office needs to identify many health facilities and socialize about the obligation of reporting and recording.

Integration data between PIS-PK, PWS, and private health service can be the valid data. But, there was the problem in bridging this data sources. Identify of target population was very important to achieve health minimum service standard. This was because the achievement of HMSS dependent of target population or real data.

b. Qualitative Aspect

To achieve 100% HMSS target not only based on the services coverage, but also the quality of health services. The quality aspect include of access of health service, human resource, financial resources, continuity, and facilities. Human resources were crucial aspect in HMSS implementation, not only quantity, but also quality of human resources. Beside that, the health professional commitment in HMSS implementation need to be improved so that focused on health services quality.

Accesses still become a problem in health services. The lack of equally distribution of health services and the geographical condition was the cause of the problem in access to health services. Otherwise the awareness of the community needs to be improved for example in antenatal care program that must be done fourth times in pregnancy. But not all pregnant mothers do the antenatal care program on schedule.

Financial support also important factor in HMSS implementation. The priority to use finance that was limited still be the problem. Ministry of Health has released the Technical Guidance to Achieved MSS in Ministry of Health regulation Number 4 year 2019 as the guidance to achieve HMSS. Program priority still categorized as crucial, because it also related with priority financing.[5] Thus, the planning and budgeting in program also need evidence based policy so that can be implemented effectively and efficiently.

The other aspect that also related with quality aspect was facilities. The good facilities can improve the quality of health services. In Ministry of Health Regulation Number 4 year 2019, the minimum facilities should be fulfilled to achieve the HMSS.[5] Continuity was another aspect that can be the problem in HMSS implementation. Many health program sometimes not be implemented continually so that the problem can be happened again.

Integration Framework of Planning and Budgeting

Integration of planning and budgeting was the alternative solution that develops to face the problem in MSS implementation. Planning and budgeting must be done based on evidence based that can get results more effective and efficient. This of course, in the implementation it needs monitoring so that can achieve the target.

Implementation integration planning and budgeting needs collaboration between government, private sector, and community. For example, in iron tablet given program in woman adolescence, it needs to collaboration between Health Office and Education Office. On the other hand, health service access that related with infrastructure needs collaboration between Health Office and Public Development Department. Quality care also need community support especially to create high quality maternal and newborn services. Accesibility, health insurance, healthcare facilities need the collaboration among many sectors.[6]

Planning and budgeting in maternal and child health not only be the village responsibility but also district and national responsibility. So that, it was needed synchronize in national and district to village level so that more effective. In the planning and budgeting process, there are many steps that must be done i.e. identification and priority problem, root cause analysis, program planning that will be implemented, budget plan, monitoring and evaluation plan.

Figure 1. Many steps to identify health priority program

In the practice, planning and budgeting can be done through many steps: initial advocacy, technical meeting, multisector orientation, workshop, advocacy and facilitation in village level, and also monitoring and evaluation.

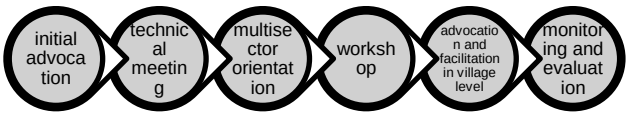

Figure 2. Many Steps to Integrate Planning and Budgeting in Health Program

Initial advocacy

In initial advocacy must be done to get support from stakeholder and the head of local government such as Head of District

Government, Health Office, Planning and Development Agencies. etc. Support and commitment from key stakeholder was the important thing to achieve Health Minimum Service Standards.

Technical Meeting

Technical meeting was done after initial advocacy. This meeting involve of government that related with achievement HMSS such as Health Office, Planning and Development Agencies, Educational Office, Ministry of Religion, Village Community Empowerment Agency, Family Planning Agency, Village, etc. In this meeting, many stakeholders will identify the program that can be synchronized to achieve HMSS and build three teams, advocacy team, technocratic team, and monitoring team.

Advocacy team must advocate and coordinate many stakeholder include of private sector. Technocratic team's job was making plan and synchronize program in health sector that related with HMSS. Monitoring team's job should monitor the program that was be planned. In this technical meeting, should be identified other sector that related with achievement of HMSS.

Multisector Orientation

In the multisector orientation, identification and negotiation other sector that related with achievement HMSS was needed such as private hospital, private company, non-profit, and organization. This step was not compulsory, it depends on the results of technical meeting.

Health programs need support from various stakeholders to achieve its target and increase the health and well-being of the community. Multisectoral approach will ensure that each stakeholders share the common vision and perspective and execute the successful coordination.[7] Therefore, involving multisector stakeholder was necessary to solving problems related to maternal and child health and also strengthening the maternal and child health program.

Workshop

Workshop should be done after the multisector orientation and results the program planning and budgeting draft in health sector. Planning and budgeting needs to be synchronize from district level to village level. In the workshop, priority program of Health Office will be shown and synchronize with other stakeholder.

Advocacy and Facilitation

The program priority that has been agreement will synchronize in village level. Village fund can be support the health priority program especially in maternal and child program such as organizing adolescent care about immunization. Technical guidance was needed to implement this program; the proportion of village fund that can be used in health sector must be regulated in District Government Regulation.

Advocacy in health sector were needed to ensure accountability. True accountability to implement commitments in health program that truly affect the health program need full and constant monitoring, effective coordination and ensure the performance. This possible to achieved through political and financial incentives. Therefore advocacy was needed to ensure the health program get enough political and financial supports from the government and other stakeholders.[8]

Monitoring and Evaluation

Monitoring and evaluation in the health program from district to village level must be done to know the challenge and problem that relayed with planning and budgeting in next year. This evaluation can

be the foundation or evidence based to next policy in future years.

CONCLUSION

Integration planning and budgeting was the alternative solution to solve the implementation problem of HMSS in Indonesia. The activity include of initial advocacy, technical meeting, multisector orientation, workshop, advocacy and facilitation, and also monitoring and evaluation. However, it needs the commitment and support from government, private sector, and other sector that related with achievement of HMSS.

DECLARATION

This research has been approved by the Ethical Committee of Faculty of Public Health Diponegoro University number 50/EA/KEPK-FKM-2019.The datasets generated and/or analyzed during the current study are not publicly available due to agreement to keep data confidential with the respondents but are available from the corresponding author on reasonable request.

The authors declare that there is no competing interest in regard to this research or its funding. All source of funding for the research were from Health Ministry of Indonesia. This result was the collaboration research between Ministry of Health Indonesia and Public Health Faculty Diponegoro University and the funding was Ministry of Health Indonesia.

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