
The Effect of Management Function on Minimum Health Services for Maternal and Child In Kupang Regency Health Care

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Abstract

Background: Maternal and child health programs are one of the Ministry of Health's top priorities. Because of Indonesia's high maternal mortality rate (MMR), the government has made MMR reduction a priority program in health development. Many pregnant women have still not given birth in health facilities, and maternal and child mortality rates in NTT remain high. Over the past five years, Kupang Regency has been one of the top five contributors to maternal and child mortality in East Nusa Tenggara. Objective: To determine the effect of management functions on the minimum service standards for maternal and child health at the Kupang Regency health center. Methods and Design: This is a quantitative study that was conducted in the area of the Kupang Regency health office, with a total sample of 30, using a purposive sampling technique and analyzing the data using simple logistic regression and multiple logistic regression. Results: Bivariate analysis showed a relationship between POAC and minimum service standards for maternal and child health, namely Planning ($p = 0.009$; OR = 25), Organizing ($p = 0.015$; OR = 19), Actuating ($p = 0.009$; OR = 25), and Controlling ($p = 0.013$; OR = 14); and multivariate analysis revealed that the Planning and Actuating variables had an effect simultaneously ($p = 0.047$; OR = 11).

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Conclusion: The variables that have the most influence on the minimum service standards for maternal and child health at the Kupang Regency health centers are Planning and Actuating variables.

Keywords: Management Functions; Maternal and Child Health Minimum Service Standards.

1. Introduction

The Ministry of Health prioritizes maternal and child health services. The MCH program's success is one of the main benchmarks in the National Long-Term Development Plan (RPJPN) 2005–2025 [1]. Because of Indonesia's high maternal mortality rate (MMR), the government has made MMR reduction a priority program in health development [4]. The high rate of maternal mortality reflects poor health-care quality. The decrease in MMR is also a measure of a region's performance in terms of health. As a result, the government is attempting to collaborate in order to develop different methods to accelerate the reduction of MMR [4]. [3] the Maternal and Child Health Revolution Program (MCH) has been implemented in the Province of East Nusa Tenggara (NTT) with the aim of accelerating the reduction of maternal and newborn mortality by childbirth by trained healthcare personnel in adequate health facilities. Many pregnant women are also not giving birth in health centers, and maternal and child mortality rates remain high. In 2019, the MMR (Maternal Health Rate) and IMR (Infant Mortality Rate) targets are 306 per 100,000 live births and 24 per 1,000 live births, respectively [5]. According to the Indonesian Demographic and Health Survey (IDHS), the MMR in Indonesia was 359 per 100,000 live births, up from 228 per 100,000 live births in 2007 [2]. The Provincial Government of East Nusa Tenggara aims to make significant efforts to minimize maternal and child mortality, as shown by the decrease in maternal and child mortality rates. The maternal mortality rate in East Nusa Tenggara Province in 2019 was 98 cases, a 44-case decline from the previous year's rate of 142 cases. Similarly, the child mortality rate in 2019 was 822 cases, a decline of 90 cases from the previous year's rate of 912 cases. In 2019, 90,023 babies were born safely (99.10 percent) out of 90,846 births, while 823 babies (0.90 percent) died [6]. Furthermore, for the last five years, Kupang Regency has been one of the top five contributors to maternal and child mortality in East Nusa Tenggara, though this has decreased but not significantly. According to data sources from Format 1 to Format 7 (F1-F7) reports, the majority of maternal deaths in Kupang Regency are caused by bleeding and hypertension during birth, as well as infections. Health-care workers delivered 6,287 babies from 6,936 mothers. In Kupang Regency, total child mortality was 86 in 2018 and 96 in 2019. [6,7]

2. Materials and Methods

This is a quantitative study with a cross-sectional design [8]. The research was conducted at the Kupang Regency Health Office, with an emphasis on Takari, Sulamu, Oelbiteno, Pakubaun, and Baumata Health Centers. This study was carried out between October and November of 2020. The research sample consisted of 30 people: 1 Head of the Community Health Center, 1 Coordinating Midwife, 1 MCH data entry, 1 clinic manager, and 2 Village Midwives of 5 Health Centers. The variables of Planning, Organizing, Actuating, and Controlling were examined. Using simple logistic regression, the partial impact of the minimum service standard on MCH was analyzed [9].

3. Results

3.1 Characteristic of Samples

Characteristics of Respondents Based on Age, Education, and Position

Table 1: Characteristic of the respondents

Variable	Criteria	n	%
Age	< 40 years old	12	40
	40-49 years old	9	30
	> 49 years old	9	30
Education	Associate Degree (D3)	24	80
	Bachelor Degree (S1)	5	16,7
	Graduate Degree (S2)	1	3,3
Position	Coordinating Midwife	5	16,7
	Village Midwives	10	33,3
	Clinic Manager	5	16,7
	Head of Health Center	5	16,7
	Data Importers	5	16,7

Table 1 indicates that the majority of the respondents (a total of 12) were under the age of 40 (40 percent). Aside from that, with a total of 24 respondents (80 percent), the majority of the respondents had an Associate Degree (D3) education, and the majority of the respondents worked as village midwives, with a total of 10 respondents (33.3 percent).

3.2 The Impact of Management Function on Maternal and Child Health Minimum Service Standards

Table 2: The impact of independent variables on minimum service standards.

Independent Variable	Category	n	%	<i>p</i>
Planning	Done	9	30	0,009
	Not done	21	70	
Organizing	Done	10	33,3	0,015
	Not done	20	66,7	
Actuating	Done	9	30	0,009
	Not done	21	70	
Controlling	Done	7	23,3	0,013
	Not done	23	76,7	
Dependent Variable	Category	n	%	
Minimum Service Standards	Qualify	6	20	
	Not Qualify	24	80	

This study looked at the management function factors of Planning, Organizing, Actuating, and Controlling. Table 2 shows the impact of each management function factor on the minimum service standards for maternal and child welfare.

Table 2. shows that most of the respondents did not carry out the Planning variable properly with a total of 70 percent , did not carry out the Organizing variable properly with the amount of 66.7 percent , did not carry out the Actuating variable properly with the amount of 70 percent , and did not carry out the Controlling variable properly with the amount of 76.7 percent . The majority of respondents (80 percent) did not follow the minimum service standards. The statistical test results for the planning variable were $p = 0.009$, $p = 0.015$ for the organizing variable, $p = 0.009$ for the actuating variable, and $p = 0.307$ for the controlling variable. Statistical research reveals that all variables have a significant effect on the Kupang Regency Health Center's minimum service standards for maternal and child health.

4. Discussion

4.1 *The impact of Planning on maternal and child health minimum service standards*

The results of the analysis showed a significant value of 0.009, indicating that there is a significant influence between Planning and the minimum service standards for maternal and child health at the Kupang Regency health center with an OR of 25, implying that health centers that do not carry out Planning are 25 times more likely to experience non-compliance with service standards. There were several difficulties in the planning of the MCH program, such as the absence of a shared meeting between the head of the health center and the midwife overseeing the MCH program, meaning that when planning was not carried out in depth, for example, when program scheduling was not directed by the head of the health center, some health centers faced a lack of human capital, and decree (SK) was not issued for the midwife managing the MCH program, as well as by other health care facilities where the MCH program was suggested by the coordinating midwife but was not referred to by the head of the health care facility, resulting in the proposed program not being adopted and a failure in MCH program planning [10,11]. The health center uses POAC in planning, beginning with the RUK and RUK are created by the program holder for MCH, and the minimum service standards are created by the coordinating midwife, midwife at the auxiliary health center, and the MCH manager, where this RUK will be used in the POAC based on the goal set by the health office. However, the managing midwife, the midwife at the auxiliary health department, and the MCH manager were not involved in the planning process at the health center [12]. This has an effect on the minimum service standards for maternal and child health in Kupang Regency.

4.2 *The impact of Organizing on maternal and child health minimum service standards*

The results of the analysis revealed a significant value of 0.015, indicating that there is a significant influence between organizing and the minimum service standards for maternal and child health at the Kupang Regency health center with an OR of 19, implying that health centers that do not carry out organizing are 19 times more likely to experience non-compliance with the minimum service standards. When activities are not adequately grouped, there are also many activities that cannot be grouped into the MCH program due to a shortage of existing resources, and the officers who carry out activities at those health center are not legally allowed to carry out the MCH program but are only limited to being assigned by the head of the health center to go down to do the job. Aside from that, officers are replaced about every two or three months, making delegation of power unclear, and often the head of the health center just exits, leaving the coordinating and executing midwives in disarray. There should be a simple delegation so that each of the coordinating midwives, implementing

midwives, and data importers understands their respective main duties and responsibilities, does not serve simultaneously with jobs they are not expected to do, and does not interfere with their respective main tasks [11,13].

4.3 *The impact of Actuating on maternal and child health minimum service standards*

The results of the analysis revealed a significant value of 0.009, indicating that there is a significant effect between Actuating on the minimum service standards for maternal and child health in Kupang Regency health centers with an OR of 25, implying that health centers that do not actuate are 25 times more likely to experience non-compliance with the minimum service standards. At the implementation stage, the coordinating and implementing midwives do not fully understand the existing program because they were not involved in its implementation. There is still no transparency over the existing budget, because the implementing midwife does not know how much budget to use, for example, when the health center does not follow the SOP, they work in an inefficient manner. Meanwhile, when the implementing midwife is not available, they do not refer to the head of the health center, resulting in suboptimal service; for example, when pregnant women arrive to get an assessment, they must often wait to meet the midwife who examines. There are several restrictions that may have an effect on the basic care standards for maternal and child welfare. These constraints are as follows: Due to a shortage of existing human resources, data collection is not finished on time; infrastructure and access to work areas are very limited at some health centers; the budgets for the MCH program is incomplete due to the vast number of other services that have been introduced, and the last one is a shortage of expertise and experience of program managers and program implementing midwives, which has an effect on the minimum service standards for maternal and child health in Kupang Regency. During implementation, the head of the health center and the management section should be transparent about the budget for the MCH program and minimal health services. The POAC must be attached wherever it is created so that the coordinating and implementing midwives know how much funds are available to carry out their respective tasks [14,15].

4.4 *The impact of Controlling on maternal and child health minimum service standards*

The results of the analysis revealed a significant value of 0.013, indicating that there is a significant influence between Controlling and the minimum service standards for maternal and child health in Kupang Regency health centers with an OR of 14, implying that health centers that do not carry out Controlling are 14 times more likely to experience non-compliance with the minimum service standards. The achievement of the minimum service standard for the Kupang Regency health office is still very low, [16] where it should be 100 percent, indicating that the efficiency of the head of the health center, coordinating midwives, implementing midwives, and data collectors is still missing. Some health centers lack equipment, such as computers, and must borrow it; therefore, when the computer is returned, the job becomes an issue or fails to function properly. There are challenges discovered where supervision is not carried out optimally where the head of the health center from several health centers only monitors the performance and process of program execution via the results of reporting, even controlling is achieved only by phone, not personally monitoring the program implementing officers. Another factor influencing control is the absence of joint discussions or joint meetings to identify flaws and challenges in program execution [13,16]. As a result, the head of the health center was unable to obtain

information about what was happening in the field and which programs could be added or otherwise changed in order to meet the minimum service standards for maternal and child health.

5. Conclusion

Planning and Actuating are the most dominant jointly affecting the minimum service standards for maternal and child health at the Kupang Regency health center, with an OR value of 11 and a probability value of 73 percent based on the logistic regression equation conducted, where respondents who do not do Planning and Actuating are at a high risk of non-fulfillment of minimum service standards.

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