

Evaluation of Childbirth Insurance Implementation for Reducing MMR and IMR in Dawarblandong Districts Mojokerto Regency

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Abstract: The government's efforts in reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) need to be worked hard. The decline of MMR and IMR is one of the goals of national development in Indonesia. But MMR and IMR in Indonesia are still high, according to Indonesia Demographic and Health Survey (IDHS) in 2012 amounted to 359 per 100.000 live births. The majority of maternal and infant mortality occur in middle-income peoples due to economic inhibition and access. Thus, the government issued a Childbirth Insurance Program aimed at the poor to reduce MMR and IMR. This research uses descriptive type research method, with purposive sampling technique. Selected two respondents who are considered to provide results in accordance with this research are two Village Midwives. Data analysis use qualitative and explanative approach. The results of the research that the implementation of Childbirth Insurance in Dawarblandong Districts is in accordance with the Technical Guidelines of Childbirth Insurance in 2011. Data collection of Childbirth Insurance participants is evenly distributed because data collection is done in detail. The shortcomings in the implementation of Childbirth Insurance are less contribution from Head of Public Health Center, Village Head, and Head of Districts. MMR and IMR coverage declining in 2016 can prove that the implementation of Childbirth Insurance succeeded in reducing MMR and IMR.

1 INTRODUCTION

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) became one of the important indicators in determining the health status of the community. Indonesia is the country with the highest Maternal Mortality Rate (MMR) in Southeast Asia. Indonesia Demographic and Health Survey (IDHS, 2012) reported that every 100,000 live births in Indonesia there are 359 mothers who died during childbirth. In the Millennium Development Goals (MDGs), maternal mortality is also one of the predetermined targets, that is improving maternal health where the target to be achieved by 2015 is reducing to $\frac{3}{4}$ the risk of maternal mortality. Maternal death is an event that can be caused by various things. The biggest cause of maternal death to date is bleeding (Indonesian Ministry of Health, 2014). Other causes such as history of disease, abortion, pregnant in old age and infection.

Indirectly, the low awareness of the community about the educational background, the health of pregnant women, the socio-economic of the family, and the community environment allegedly contributed to the increase of maternal mortality.

In addition, maternal mortality can also be attributed to 3 risk factors of delay (Three Late) and 4 risk factors too. In addition, maternal mortality can also be attributed to 3 risk factors for delays and 4 risk factors too. The risk factors for delay are family delay in making contact decisions with health personnel, delay in obtaining health service, and late referring. Whereas four too are too young / old age mother to decide to get pregnant, too often give birth, and too close distance between pregnancy / labor one with next (Mojokerto District Health Office, 2013). From several known factors, there is an important effort to decrease Mother Mortality Rate (MMR) is to increase public access to healthy delivery by providing easy financing for all pregnant women who do not have health insurance because MMR and IMR are the majority of the poor.

The Ministry of Health of the Republic of Indonesia launched a policy stipulated in the Childbirth Insurance Program in 2011. Childbirth Insurance is dedicated to assisting mothers with financial difficulties in accessing health services. Childbirth Insurance Program itself becomes priority program of Ministry of Health with budget year 2011 equal to 1,223 Trillion rupiahs. This program is designed to assist in the achievement of National Health Development Goals and Millennium Development Goals (MDGs) by 2015.

2 METHODS

This research is a descriptive research with qualitative approach. This research was conducted exactly in Districts of Dawarblandong Mojokerto Regency. Determination of respondents in the study was purposive sampling. Selected respondents are those who play a role in the implementation of the Childbirth Delivery Program at Dawarblandong Public Health Center, ie two midwives, one midwife as the coordinator of the Maternity Care Program and other midwives as representatives who know the implementation of the Maternity Insurance Program in the field. The data were collected through in-depth interviews using interview guides and secondary data obtained from Dawarblandong Primary Health Care's data. The data obtained are listed descriptively. Data analysis is done qualitatively and explanatively.

3 RESULT

3.1 Childbirth Insurance in Dawarblandong Districts

Childbirth Insurance in Dawarblandong Districts held since 2015. This program is required by the government not the desire of Dawarblandong Public Health Center to implement Childbirth Insurance. Since the implementation of Childbirth Insurance, Dawarblandong Public Health Center already understand about Childbirth Insurance, that is Program from government which is addressed to pregnant women especially for poor people used for Antenatal Care (ANC), maternity services, post-natal service and access to family planning services. For those who have other Health Insurance, cannot recorded as a participant Childbirth Insurance. Requirements to become a participant Childbirth

Insurance by showing ID Card, Family Identity, and Poor Certificate.

3.2 Implementation of Childbirth Insurance in Dawarblandong Districts

Preparation of the implementation of Childbirth Insurance is held a meeting with the Health Services of Mojokerto regency before socialized to the community. The meeting was represented by the program holder Mother and Child Health (MCH) Dawarblandong Districts. At the meeting discussed Childbirth Insurance targets, Childbirth Insurance claim, and the amount to be received by the maternity helper. After conducting an official meeting with the Health Service, then socialized to all health workers in Dawarblandong Districts including village midwives in all work areas. The task of the village midwife as the Childbirth Insurance implementing team is to socialize Childbirth Insurance to the community who is entitled to obtain Childbirth Insurance through Maternal & Child Health Centre or meetings held in the Village. Data collection to the people who are entitled to use Childbirth Insurance when Maternal & Child Health Centre activities take place or the community comes to the Village Maternity Post to meet the village midwife. Data entered to the Cohort Book.

The registered community of Childbirth Insurance may use it for ANC, childbirth and family planning by the village midwife. Afterwards the Village Midwife can make a claim by reporting to the Public Health Center by making a complete delivery report and proof of patient identity such as ID card and Family Identity. By Public Health Center reported to the Health Services by submitting reports from the Village Midwife. Childbirth Insurance is only able to bear for normal maternity, not for surgery (C-section). Obstacles that occur in the implementation of Childbirth Insurance Program in Dawarblandong Districts when data collecting there are some people do not have ID card or Family Identity.

3.3 Equity of Childbirth Insurance in Dawarblandong Districts

According to Minister Health Regulation in 2011 about the Technical Guidance of Childbirth Insurance that the Program implemented by the government in order to reduce the MMR and IMR.

The participation of Childbirth Insurance in Dawarblandong Districts has been equitable, especially for all poor people belonging to pregnant women, maternal mothers, postpartum and babies, except for people who have other insurance.

Implementation of Childbirth Insurance in Dawarblandong Districts for health worker have purpose and desire to strive for Dawarblandong Sub-district can be maternity with low cost for poor society safely and comfortably. Based on the Constitution of the Republic of Indonesia in 1945 article 27 paragraph (2) it says "every citizen shall have decent work and livelihood". Data collection is done in detail so that all communities can be registered as Childbirth Insurance participants. This is done in every village in Dawarblandong Districts. In Indonesia, various national development efforts have been made, one of them is health development. Thus equity in development needs to be revisited.

3.4 Evaluation of Childbirth Insurance

Every year at the Dawarblandong Public Health Center, an evaluation of the Childbirth Insurance Program is conducted for a year. The evaluation meeting was attended by Childbirth Insurance Program supporters such as Sub district Head, Urban Village Head, Head of Public Health Center and all Village Midwives. The purpose of the evaluation is to know the success of the Childbirth Insurance Program every year. Success has seen from the accuracy of the target. This means that with the Childbirth Insurance, the achievement of the MCH program has been successful.

3.5 MMR and IMR coverage

MMR and IMR coverage in Dawarblandong Districts in 2016 decreased, that's compared to the previous year. Utilization of Childbirth Insurance of Dawarblandong was done by participation really proven. The desire of the implementing team is the Village Midwife is also one of the supporters of Childbirth Insurance Program to improve health status by providing the best service for pregnant women.

4 DISCUSSION

To evaluate the implementation of Childbirth Insurance using the indicator of the success of Childbirth Insurance this contained in the Health

Minister Regulation 2011 about Guideline for the Technical Childbirth Insurance.

Health workers in Dawarblandong Districts have knowledge and understanding about Childbirth Insurance. It is in accordance with the Technical Guideline for Childbirth Insurance, that the Childbirth Insurance is an effort to ensure and protect the process of pregnancy, childbirth, postnatal and family planning. Childbirth Insurance in Dawarblandong Districts provide services as written in technical guidance covering Antenatal Care (ANC), childbirth help, postnatal care and family planning services, and newborn health services, including referral preparation service at the time of complications (pregnancy, childbirth, bleeding or childbed and infant newborn and family planning).

Childbirth Insurance Financing is an integral part of Public Health Assurance financing, so its management in Management Team/Health Office at Regency/City Level is not done separately for the first level service/basic service and for the advanced/referral service. The management of financing Public Health Assurance in the first level service/basic service is done by the Health Office. Claim Childbirth Insurance at Dawarblandong District conducted by midwives to Public Health Center. Based on technical guidelines of Childbirth Insurance, the management claimed by reporting the completeness of claims covering ID card, photocopy of service sheet in Mother and Child Health (MCH) book, pantograph, cohort book, and family planning note by birth attendant. Public Health Center reported to Health Office.

Socialization on Childbirth Insurance is done to all pregnant women especially poor people. Childbirth Insurance socialization by Public Health Center aims to provide information about Childbirth Insurance and benefits of Childbirth Insurance. That way there is no doubt for the community in following the Childbirth Insurance Program. Only the poor people are targeted by the Childbirth Insurance Program. From the informants are ensured that all the rightful people at Dawarblandong Districts become participants of Childbirth Insurance have entered Childbirth Insurance data.

One of the indicators to improve maternal health is the achievement of MMR and IMR decline which in the delivery process is assisted by trained health personnel. Childbirth workers in Dawarblandong Districts each Village has one midwife. According to Ministry of Health of the Republic of Indonesia in 2006 about Village Standby, in Indonesia for the whole region there is at least one village midwife to

help deliver the childbirth. The role of midwives is to provide services to the health of mother and child. Mother and Child Health (MCH) services include Antenatal Care (ANC), childbirth, postpartum services, and postnatal care (Ministry of Health of the Republic of Indonesia, 2013). The services provided by the village midwife to the Childbirth Insurance participants already covered the MCH program.

Claims process conducted by the Village Midwife in Dawarblandong District according to the technical guidance of labor. Such as telling the health Ministry of RI in the information of Birth Insurance that this labor claim does not have to be in the package (overall) but can be done separate claims, such as ANC alone, labor alone or PNC only.

There are no funding constraints and amounts received by the Village Midwife as a result of the provision of services using Mortality Insurance.

Coverage of MMR and IMR has declined since Asuransi Dawar in Dawarblandong district. IMR in 2016 of 0.04 per 100 live births, the rate is decreased when compared to infant mortality in the previous year. Thus, the decrease in MMR and IMR occurs in 2016.

5 CONCLUSION

Childbirth Insurance Program implemented in Dawarblandong Districts Mojokerto Regency has been implemented in accordance with the Technical guideline of Childbirth Insurance at regulation of health ministry in 2011 in terms of understanding of Childbirth Insurance, Childbirth Insurance goals and Childbirth Insurance utilization.

Implementation of Childbirth Insurance in Dawarblandong Districts is supported by hard work done by Childbirth Insurance executing team especially to officer of delivery helper that is midwife who have desire to succeed the program in work area of each midwife. However, there are a few shortcomings in the implementation, namely the lack of other stakeholder roles such as Head of Public Head Center, Head of Districts, and Village Head in the implementation of Childbirth Insurance Program.

The implementation of the Childbirth Insurance program in the field is also in accordance with the Technical Guidelines of Childbirth Insurance. Childbirth process is handled by birth attendant that is midwife. Birth attendant are well aware of the claim process and the evaluation of the Childbirth

Insurance program that is implemented yearly, but there needs to be an integrated monitoring program to improve performance. Childbirth Insurance in Dawarblandong Districts for membership is evenly distributed.

The successful implementation and equity of Childbirth Insurance in Dawarblandong Districts to decrease Maternal Mortality Rate and Infant Mortality has been successful with proven that the coverage of MMR and IMR in 2016 decreased from the previous year.

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