Characteristics of Agents Implementers to Performance Health Policy Implementation Mother and Children in East Nusa Tenggara

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ABSTRACT

The facts show that the performance of health service policy implementation from the aspect of output and the results of the policy is not in line with expectations. Mothers checked their pregnancy to a health facility was still low, the delivery assistance by the maternity shaman and the husband's support were still low. K1 coverage is 88.88%, while K4 coverage is 63.9%, national target is 85.85%. Delivery assistance by health workers in 2016 reached 88.10%, delivery assistance by shamans 11.90%. This condition will have a direct influence on the Human Development Index in the Province of East Nusa Tenggara, where the position of the Province of East Nusa Tenggara is still in the order of 32 out of 34 provinces in Indonesia at 68.77. The implementation of maternal and child health policies in East Nusa Tenggara has not been successfully influenced by the characteristics of the implementing agents. Individual and organizational characteristics in the implementation process are timely, high competence (Wahab, 2014). Characteristics of implementing organizations include the capacity of Community Health centers including implementing competencies, community social support, and political support. The purpose of the study was to identify the effect of implementing agent characteristics on the performance of the implementation of maternal and child health policies in East Nusa Tenggara. **This research uses quantitative methods**, conducted in 11 districts, 104 health centers and 235 health workers in East Nusa Tenggara province, collecting data using a questionnaire. **The results of the research** support the implementation agent characteristics are quite good, there is a good alignment between the performance

of the MCH policy and the characteristics of the implementing agent in the good category. There is a strong and positive correlation between the characteristics of the implementing agent and the performance of the policy implementation (p = 0.00), the correlation coefficient is 0.518. The pattern of harmony in the relationship where if the higher the characteristics of the agent implementing the policy, the performance of the policy will also be higher. There is a variable effect of implementing agent characteristics on MCH policy performance (t count = 8.276> t table 1.97). **The conclusions** of the characteristics of health service implementing agencies in East Nusa Tenggara Province are quite good, the performance of policy implementation categories is good and there is a significant and positive influence between the characteristics of service implementing agencies and the performance of policy implementation.

Keywords: Performance, Health Policy Implementation, Mother and Children.

INTRODUCTION

Background

Overview cases maternal and child health in East Nusa Tenggara can be seen through the percentage of achievement of deliveries in health facilities in 2014 as much as 86.9% and deliveries assisted by health workers 86.63%.. The maternal mortality rate (MMR) in 2013 and 2014 was 179 / 100,000 live birth and 159 / 100,000 live birth, this is still quite high compared to the target of 153 / 100,000 live birth. The number of infant and toddler deaths is 32/1000 live birth and 40/1000 live birth, above the national value of 23/1000 and 32/1000. The above achievement compared to the 2015 *Millennium Development Goals-MDGs target* of infant mortality rate is 23/1000 live birth, and infant mortality is 32/1000, while maternal mortality rate is 102 / 100,000 live birth in 2015 and more than 90% of mothers give birth assisted by trained health workers. This shows that MCH policy has not been successful in East Nusa Tenggara Province. This condition has a direct influence on the East Nusa Tenggara

Human Development Index, which ranges from 68.77 , 32th out of 34 provinces .

The implementation of maternal and child health policies in East Nusa Tenggara has not been successfully influenced by the characteristics of the implementing agents . Individual and organizational characteristics in the implementation process are timely, high competence (Wahab, 2014). Characteristics of the implementing organization among others the capacity of health centers including the competence implementers, community social support, as well as political support. Pregnant women go to a health facility is still low, delivery assistance by traditional birth attendants (shaman), the role of cadres and husband's support in caring for pregnant and giving birth. The first ANC examination (K_1) 88 , 88 %, while the final ANC check (K_4) 63.9%, the national target is 85.85%. Delivery assistance by health workers in 2016 reached 88.10%, delivery assistance by shamans 11.90%. Mothers who do not attend pregnancy check up in the third quarter (3) or at the end of the

pregnancy period due to delivery are helped by a shaman.

PROBLEM STATEMENT

The problem is that maternal and child health policies aim at reducing MMR / IMR but have not yet reached the level set by the government. The characteristic factor of the implementing agent is thought to have a dominant influence, the problem of this study is "How does the effect of the characteristics of the implementing agent of health services on the Implementation Performance of the Maternal and Child Health Policy in East Nusa Tenggara Province".

PURPOSE

a. Identifying the Characteristics of Implementing Agencies in maternal and child health services in East Nusa Tenggara Province.
b. Identifying the implementation of MCH policy implementation in East Nusa Tenggara Province.
c. Identifying the correlation between Implementing Agent Characteristics and the performance of MCH policy implementation.

LITERATURE REVIEW

Characteristics of MCH Policy Implementing Agents

A number of theories about policy implementation emphasize that there are a number of factors that influence the successful implementation of a public policy. Gerston (2002), for example, requires 4 (four) factors, namely: (1) translation ability, namely the ability of implementing staff to translate what has been decided by the decision maker to be implemented; (2) resources (resources), especially those relating to human, financial and equipment / facilities resources; (3) limited number of players, namely the number of policy implementers that are not too many, so as not to cause confusion and unfair competition; and, (4) accountability, namely the existence of the accountability process of implementing the policy for what has been produced.

An essential individual and organizational characteristic of the implementation process is the existence of timely performance, accompanied by high competence from a number of task units needed to support the implementation of policies (Wahab, 2014).

Implementing apparatus or implementor is a factor that determines a public policy is difficult or not implemented. Commitment to behave according to policy objectives, is very important to be owned by the implementing apparatus. According to Darwin (1999), in this case it is necessary to develop clear rules and an effective and transparent monitoring and control system that can prevent the possibility of apparatus behavior that is contrary to the objectives of the public policy.

Implementing agencies include formal and informal organizations that will be involved in policy implementation. This is important because the performance of policy implementation will be strongly influenced by the right characteristics and fit with the implementing agencies. In connection with the policy context that will be implemented in several policies, it is demanded to implement strict and disciplined policies. Other contexts require implementing agencies that are democratic and persuasive. In addition, the scope or size of the area becomes an important consideration in determining the policy implementing agent. According to Purwanto (2012: 7), the failure of policy implementation in Indonesia is partly due to the low level of community participation. Research on the implementation of the JPS program, the failure of implementation was due to the indifference of village officials as the program implementor.

Implementation Performance

Public policy performance can be interpreted as an evaluation of a policy. Performance evaluation cannot be separated from model, method and standard or indicator. Policy efficiency can be done by comparing policy inputs and outputs. While the effectiveness of policies can be seen from the outputs, outcomes and impacts of a policy. Policy assessments can include policy content, policy implementers and policy impacts.

The results of the policy are what has been produced by the process of formulating government policies, for example policies on reducing maternal and child mortality resulting in a decrease in maternal and child mortality. While the impact of the policy is the consequences and consequences arising from the implementation of the policy. For example the impact of reducing maternal and child mortality is an increase in the degree of public health. According to Anderson (Islamy, 2002: 116), the dimensions of impact in state policy are: (1) The expected and unexpected impacts of the policy both on the problem and on society; (2) Waste of policy towards situations or people who are not the main target / objective of the policy; (3) The impact of the policy can occur in the present or future conditions; (4) The impact of the policy affects the direct and indirect costs as experienced by community members.

RESEARCH METHODS

1. This research uses quantitative methods, conducted in 11 districts, 104 health centers
2. Primary data sources are 235 health workers in East Nusa Tenggara Province.
3. Data collected using a questionnaire that has been used has been tested for validity and reliability.
4. Univariate analysis, bivariate analysis, multivariate analysis.

RESEARCH RESULT

Implementing Agency Characteristics

Implementing characteristics include the capacity of Community Health centers to implement

policies, community social support and

political support. Social support such as the involvement of pregnant women and community leaders in the implementation of policies, as well as the role of the husband or head of the family.

Table 1 . Characteristics of Implementing Agencies in Implementing MCH policies in East Nusa Tenggara Province.

No.	Indicator Characteristics of Implementing Agencies .	Average Value
	Target group support	**3,4**
1	The activeness of pregnant women in checking themselves into health facilities.	3,4
2	Support of traditional birth attendants in MCH policy.	3,2
3	The activeness of parturition mother in IMD, Exclusive breastfeeding.	3.5
4	Support and role of health cadres in the implementation of MCH policies .	3,6
5	The support and role of the husband / family head in implementing the MCH policy.	3,2
	Political Support	3.24
6	Support and involvement of community leaders	3,2
7	Regional policy support that supports MCH policy.	3,4
8	The support and involvement of the local government in the implementation of the MCH policy.	3,2
9	Support and involvement of political figures.	3.1
10	Coordination with policy makers to achieve goals	3,3
	Implementing Competencies	3.0
11	The availability of midwives, nurses and doctors is sufficient to carry out the MCH.	3,2
12	The ratio of health workers (midwives, doctors, nurses) to the target / recipient of health services according to standards.	3.0
13	Availability of midwives who are in accordance with competencies in MCH services (have training certificates)	3.1
14	Availability of nurses who have received training according to the needs of MCH policy implementation .	2,9
15	Compliance with the implementers of the policy perfectly to the instructions for implementing the policy	3.0
	Mean value	3.21

Table 1. shows the support of the target group in the quite good category (average value of 3.21) , meaning that the activity of pregnant women is still low in examining themselves in health facilities, support of traditional birth attendants is still not good, so is the role of cadres and husband support. Political

support in the category is quite good (average value of 3.24), meaning that the implementation of the MCH policy has not received full political attention.

Likewise, the indicators of competence of policy implementers in the category are quite good (average value of 3.0), meaning that the policy implementers of doctors, midwives and nurses do not yet have good or very good competency according to MCH policy standards. In general, the average value of the implementing agent characteristic variables in the category is quite good (average value of 3.21).

An essential individual and organizational characteristic of the implementation process is the existence of timely performance, accompanied by high competence from a number of task units needed to support the implementation of policies (Wahab, 2014). Implementing agency support is still in the good enough category (average value of 3.21), and the support of the target group in the quite good category (average value of 3.4), can be demonstrated by the low activity of pregnant women in checking themselves into health facilities, the role of traditional birth attendants (traditional shamans) still help with childbirth, the role of cadres and husband support has not been active in caring for pregnant women and giving birth. The low activity of pregnant women checking themselves into health facilities is seen from the coverage of K1 and K4, namely the first visit during pregnancy and the fourth visit at the end of pregnancy. Based on the East Nusa Tenggara Province health service report, the K_1 coverage was 88.88%, while the K_4 coverage was 63.9%, the national target

was 85.85%. In addition to indicators of visits of pregnant women to health facilities, also birth assistance by health workers in 2016 reached 88.10% while birth assistance by shamans 11.90%. It was alleged that the mother who did not attend the pregnancy check up in the third quarter (3) of the pregnancy or at the end of the pregnancy because the birth was helped by a shaman

Various factors can cause mothers not to have a pregnancy check up and mothers not giving birth in a health facility, namely internal factors (maternal factors) and external factors (environmental factors) including health service provider factors. Internal factors generally occur in pregnant women who have low knowledge about health. External factors include social, cultural and economic factors. Social factors related to husband support and family support for pregnancy, there are still many families who think that pregnancy is a woman's business. Cultural factors related to the presence of shamans. Shamans influence the behavior of pregnant women in going to the Community Health Center in relation to hereditary habits in the family, which are assisted by traditional healers. Shamans provide services closer to the community because shamans will stay with the mother, from before birth until the postpartum period is completed (40 days) after giving birth.

Another factor that is also very influential on the behavior of pregnant women in checking themselves into health facilities is the behavior of health care workers. Limited health workers such as doctors, midwives and nurses, there are no tools and medicines. This weakens the motivation of a pregnant

woman to go to the Community Health Center.

The support of the target group was also shown by the ownership of the MCH handbook only 84.82%, KF (Postpartum visits), namely after-birth checkups, KF1 77.93%, KF2 75.24 and KF3 71.5%. Coverage of KN1 was 77.19% and KN2 was 73.55%. The role of the husband in the examination of pregnancy and childbirth is included in the lowest category.

Political support in the category is quite good (average value of 3.24). This condition means that the implementation of the MCH policy has not received full political attention. Political support by policy makers and council members and community leaders in the form of attendance and involvement in every MCH activity. The community is expected to assist in moving the community, especially cadres, to record the target of pregnant women, post-partum mothers, breastfeeding mothers, and newborn babies to get services at the Community Health centers.

Political support in the form of Regent Regulations or Regency Regulations. Almost all districts in East Nusa Tenggara Province have Regional Regulations or Regents Regulations on Maternal, Newborn and Child Health. District policies in labor monitoring have been carried out through rapid communication and information forms, such as in the East Flores Regency 2H2 Center monitoring system, Kupang City 7H7 Center, TTU Regency in the form of Ronda Siaga 7, Sikka Regency in the form of satellite references. These various forms of policy are a form of political support so that the implementation of MCH policies in East Nusa Tenggara Province can run well.

The implementation of policy competence in the category is quite good (average value of 3.0). Implementing policies at the Community Health Center, namely doctors, midwives and nurses, do not yet have good or very good competency according to policy standards. Health workers do not have training certificates as a requirement for providing maternal care and newborns at the Community Health Center. The availability of midwives, nurses and doctors has not been evenly distributed in all Community Health Center.

Commitment to behave according to policy objectives, is very important to be owned by the implementing apparatus. According to Darwin (1999), in this case it is necessary to develop clear rules and an effective and transparent monitoring and control system that can prevent the possibility of apparatus behavior that is contrary to the objectives of the public policy. The public needs to address the deviant behavior of the apparatus, the policy implementation program in order to ensure transparency and supervision.

HR competence in implementing MCH policies requires technical skills and management skills for mothers and newborns. Ability and skills in handling emergency or emergency conditions for MCH policy implementers.

MCH Policy Performance

MCH policy performance is the achievement of policy targets in accordance with policy standards. This study uses statements that indicate the

implementation of activities that describe the achievements that have been set.

Table 2 . Average Score of Performance Achievement Indicators in the Implementation of MCH Policy in 2017 East Nusa Tenggara Province.

No.	Indicator	Average Value
1	Health services for pregnant women, childbirth and childbirth and infants 0-28 days, normal and with complications.	3.8
2	Community Health Centre provides antenatal services at least 4 times.	4.0
3	Antenatal care is provided by trained Obstetric and Neonatal Emergency Services.	3,7
4	Delivery assistance is carried out by pregnant women, general practitioners, obstetricians.	3.8
5	Community Heath Centre prioritizes infection prevention, delivery assistance according to standards, refers, implements IMD, prevents complications.	3.8
6	Postpartum care at least 3 times (KF-1) 6 hours after delivery for up to 3 days, (KF-2) days 8 to day 14 after delivery. (KF-3) days 36 to 42 days after delivery	3.8
7	Postpartum Services by nurses, Midwives, General Physicians, Obstetricians and Genecology specialists.	3.8
8	Neonatal care uses a comprehensive approach, integrated management of young infants, zero hepatitis B immunization, counseling.	3.8
9	Neonatal services at least 3 times (KN-1), (KN-2), (KN-3).	3.8
10	Midwifery services and complications of pregnant, childbirth and childbirth women	3.8
11	Is a Management of basic emergency neonatal obstetric Community Health centers according to standards.	3,4
13	Community Heath Centre has health workers who can provide obstetric and neonatal services and have trained at least 3 Management of basic emergency neonatal obstetric people who live around the Community Health centers location, namely: a general practitioner, a midwife, a nurse.	3.1
14	There is a minimum of tools and medicines, manuals and managerials, room for delivery, ventilation and lighting that meet the requirements, aseptic atmosphere, a bed of at least 2 pieces, clean water available, bathroom / wc available	3,3
15	Able to provide complications services such as preeclampsia, eclampsia, bleeding, and others	3,3
16	The person in charge of the Management of basic emergency neonatal obstetric Community Health centers is a general practitioner	3,2
17	PONEK hospital according to standard.	3,2
18	Sources of funds for delivery assistance services as well as handling complications and referrals from the Government.	3.5
19	Allocation of funds for normal delivery costs at the Management of basic	3,4

	emergency neonatal obstetric Community Health centers and PONEK hospitals is determined by the district head's decision.	
20	All labor costs are borne by the government or regional government and other non-binding budgets.	3,4
21	The referral fee for pregnant women along with the introduction of health and the patient's family going home is borne by the government or local government and other non-binding budgets.	3,3
22	Prepared house waiting.	3.0
23	Pregnant women complications are set 2 weeks before delivery already to the waiting house and 1 week postpartum.	3.0
24	The cost of transportation of blood donations is borne by the government.	2,9
	Average value	3.36

The data in table 2 shows that the average value of the performance of MCH policy implementation in East Nusa Tenggara Province is in the 3.36 category. This average value indicates that MCH service targets have not been realized to the maximum. In general, the achievement of MCH policy performance in East Nusa Tenggara Province is in the quite good category although there are still many targets that have not been achieved, meaning that the policy has not been able to deliver results in line with the expectations of the policy goals themselves.

Public policy performance can be interpreted as an evaluation of a policy. Performance evaluation cannot be separated from model, method and standard or indicator. Policy efficiency can be done by comparing policy *inputs* and *outputs* . While the effectiveness of policies can be seen from the *outputs, outcomes* and *impacts* of a policy.

According to Anderson (Islamy, 2002: 116), the dimensions of impact in state policy are: (1) The expected and unexpected impacts of the policy both on the problem and on society; (2) Waste of policy towards situations or people who are not the main target / objective of the policy; (3) The impact of the policy can occur in the present or future conditions; (4) The impact of the policy affects the direct and indirect costs as experienced by community members.

The aspect of human resources (HR), namely the Health Center has health workers who can provide midwifery and neonatal services shows that the availability of health workers is not evenly distributed in all Community Health Center, meaning there are Community Health Center that have doctors but there are also Community Health Center that do not have doctors.

The available equipment shows that not all Community Health Center have equipment standards in line with the expectations of the MCH policy. Not all Community Health Center have waiting houses for at-risk pregnant women. System aspects including SOP have been done well by Community Health Center has prepared a system and SOP to provide services to mothers and children. The referral system aspect has not been able to be carried out well by the

Community Health centers as indicated by the average value of the study results 3.3.

The performance of policy implementation in the budgeting aspect is still not optimal, including the cost of transportation of blood donors to be borne by the government (average value of 2.9).

The performance of policy implementation as an impact on indicators of the degree of public health can be seen in several achievements such as: Maternal Mortality Rate (MMR) 159 / 100,000 live birth from the national target of 102/100,000 live birth. Coverage of infant mortality rate (IMR) 32/1000 live birth of the national target of 23/1000 live birth. Delivery at a health facility is 86%, while the national target is 90%. Childbirth is assisted by 86% of health workers while the national target is 96%. Coverage K_4 (pregnancy checkup) 61.78% of the national target 85.85%. Management of obstetric complications 46.5% of the national target of 73.3%. Low Birth Weight Babies (LBW) 15.5%, national target of 10.01%. The achievement of neonatal treatment was 15.34% while the national figure was 51.4%. The achievement of the first neonatal visit (KN_1) was 75.51% while the national target was 92.33%. Service coverage for infants is 69.38% while the national target is 87.77%. Immunization coverage is 80.69% while the national target is 100%. Achievement of complete breastfeeding immunization (IDL) in infants is 68.90% while the national target is 89.86%. The prevalence of malnutrition toddlers is 33.0% while the national figure is 19.6%. The percentage of height below normal is 51.7% while the national figure is 37.2%.

Some of the indicators above illustrate the impact of MCH policy implementation in East Nusa Tenggara Province. Almost all indicators experienced an increase but were still less than the national target figure. It is undeniable that the achievement of several health indicators is still very low compared to national figures and also with other Provinces in Indonesia. Therefore it is still necessary to optimize the role of various components of society and across sectors

Characteristics of Implementing Agencies on the Performance of the MCH Policy

The characteristics of the implementing agent are the characteristics of the implementing organization, especially the Community Health centers, related to the Community Health centers capacity, social support and political support. Social support in the form of the involvement of pregnant women, traditional birth attendants and community leaders and the role of the husband.

Table 3 Characteristics of Implementing Agencies on MCH Policy Performance in East Nusa Tenggara Province.

		Policy Implementation Performance				
		Not good	Pretty good	Well	Very good	Total
Characteristics of Implementing	Very bad	0	1	0	0	1
	Not good	7	12	4	0	23

Agencies	Pretty good	15	68	43	2	128
	Well	0	12	56	10	78
	Very good	0	2	2	1	5
Total		22	95	105	13	235

Table 3 shows that the performance of MCH policy in the good category is in line with the characteristics of the implementing agent in the good category, while the policy performance in the category is quite good, most are in the characteristics of the implementing agent which is in a fairly good category. Likewise, the performance of the MCH policy is very good, in line with the characteristics of the good category implementing agent. The relationship between the characteristics of implementing agencies with the performance of MCH policy implementation can be seen through the Spearman's rho test results table below.

Table 4 . Relationship between Implementing Agency Characteristics and MCH Policy Performance in East Nusa Tenggara Province .

			Policy Implementation Performance	Characteristics of Implementing Agencies
Spearman's rho	Policy Implementation Performance	Correlation Coefficient	1,000	.518 [**]
		Sig. (2-tailed)	.	.000
		N	235	235
	Characteristics of Implementing Agencies	Correlation Coefficient	.518 [**]	1,000
		Sig. (2-tailed)	.000	.
		N	235	235
**. Correlation is significant at the 0.01 level (2-tailed).				

Table 4 shows that there is a correlation between the characteristics of the implementing agent and the performance of MCH policy implementation (p = 0.00), the correlation coefficient is 0.518 , meaning that the correlation is quite strong, although not very strong. This correlation shows a positive relationship means that the better the characteristics of the implementing agent of the policy, the better the performance of the implementation of the MCH policy. The pattern of harmony in the relationship where if the higher the characteristics of the agent implementing the policy, the performance of the policy will also be higher.

To assess the effect of implementing agent characteristic variables on MCH policy

performance, a partial linear regression test (t test) was found, t count = 8.276> t table 1.97, it means that Ho was rejected, meaning there was a significant effect on the performance of MCH policy in MCH policy performance in East Nusa Tenggara Province.

Results of the study show that the relationship variables characteristic enforcement agencies with the variable performance of the implementation of policies that either category code enforcement agencies aligned with the performance categories of policy implementation is good, while the policy performance category is quite good, in line with the characteristics of the implementing agencies were quite good. Likewise, the performance of category policies is very well aligned with the characteristics of good implementing agencies.

The relationship between the variable characteristics of the implementing agent with the variable performance of policy implementation shows there is a correlation between the characteristics of the implementing agent with the performance of policy implementation (p = 0.00), the correlation coefficient 0.518, this correlation is quite strong . Correlation also showed a positive relationship means that the more obvious characteristics of the executing agency , it will improve the performance of policy implementation. The alignment shown is that if the higher the characteristics of the implementing agent, the performance of the policy will also be higher.

Implementing agencies include formal and informal organizations that will be involved in policy implementation. This is important because the performance of policy implementation will be strongly influenced by the right characteristics and fit with the implementing agencies. In connection with the policy context that will be implemented in several policies, it is demanded to implement strict and disciplined policies. Other contexts require implementing agencies that are democratic and persuasive. In addition, the scope or size of the area becomes an important consideration in determining the policy implementing agent. According to Purwanto (2012: 7), the failure of policy implementation in Indonesia is partly due to the low level of community participation. Research on the implementation of the JPS program, the failure of implementation was due to the indifference of village officials as the program.

The results of the above study are in line with research by Baskoro, et al, (2013) that there is a positive and significant influence between responsiveness to program implementation, the influence of community attitudes towards program implementation is also positive and significant. Based on the results of this study it can be seen that the responsiveness and attitudes of the community have an influence on the implementation of the program and the results of the study that the implementation of the programs that fall into the category of less success, due to the lack of program socialization to the poor as the target group. Community participation is an arrangement that brings together the efforts of

individuals, groups and communities to support each other in achieving the highest levels of health. In accordance with applicable law, the public is given the opportunity to participate in the organization of health efforts. The government has the obligation and authority to foster, encourage and mobilize community self-help in order to be effective and efficient. The role of the community has been greatly developed through the efforts of village community health.

CONCLUSION

1. The Characteristics of Implementing Agencies in maternal and child health services in East Nusa Tenggara Province are still quite supportive in implemen ting MCH policies.
2. The performance of MCH policy implementation in East Nusa Tenggara Province is in the 3.36 category, meaning that the MCH service targets that have been made have not been realized to the maximum
3. There is a strong and positive correlation be tween the Characteristics of Implementing Agencies and implementation performance .

SUGGESTION

1. Serious efforts from the government and the community are needed to improve the characteristics of the Implementing Agency for health services.
2. Need to set realistic targets in order to achieve the expected performance.

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