

Role of Local Government toward Policy Implementation Process to Reduce the IMRs and MMRs

(Study in Jember district)

Farida Nurani*, Bambang Supriyono, Mardiyono Mardiyono, Andy Fefta Wijaya
Public Administration Department, Administration Science Faculty
Brawijaya University
Malang, Indonesia
*nuranifarida99@gmail.com

Abstract—The purpose of this study was to find out how strong the role of the local government was in the success of the process of implementing the policy of reducing the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). To determine the character of the role of local government in policy implementation, it can be measured through policy instruments. This study uses a qualitative approach with Spradley analysis tools. In addition, Forum Group Discussion was also conducted. The results of the study indicate that the strong role of local government is still very much needed, due to the weak participation of the community in supporting the success of the program.

Keywords—role of local government; policy implementation; IMR and MMR

I. INTRODUCTION

In the process of policy implementation, we cannot ignore the strong role of local governments to design development programs for their regions. It takes the right structures for program implementation. Ideally, after identification of issues and policy selection, the implementation phase will include the following sequences: 1) designing the programming and details of tasks and clear objectives formulation, determining performance parameters, cost and time; 2) implement the program, by empowering appropriate structures and personnel, funds, resources, procedures and methods; 3) Establish appropriate scheduling, monitoring, and monitoring systems to ensure that actions and actions are promptly implemented. For all these stages requires a strong role of local leader and local government who take sides with the public interest. The role of a strong leader is still needed for a society that has not yet high levels of participation [1].

Efforts to improve public health is an important work for local governments in social welfare efforts. The high infant mortality rate (IMR) and maternal mortality rate (MMR) in Jember district is the duty of local government especially the health service. In the effort to decrease Maternal and Infant Mortality Rate, it takes strategy and innovation to develop its programs. In addition, strong commitment from all elements of

the local government to the village is required. Community support is crucial to the success of a policy implementation program [2].

In order to support the efforts of the central government in terms of health, especially for the reduction of maternal and infant mortality in Jember district, the question arises, how is the roles of local government for policy implementation process to reduce maternal and infant mortality rates in Jember district?

II. RESEARCH METHOD

This research used a descriptive-qualitative approach. In a qualitative - descriptive research, the main data needed is descriptive data and action, then supported by written data obtained by dept. interview, document, monographs and photographs.

Researcher sought to examine and analyze thoroughly the problems of health policy implementation in effort to reduce the number of mother and infant mortality rate. This can be seen in the programs made by the Jember district government, where the government has a greater role in these programs.

The data obtained were then collected to be processed systematically. Starting from interviews, observations, classification, reduction, presentation and then drawing conclusion. This Technical analysis of this study uses analytical models Spradley. The first step taken by investigator after entering the field is to determine the informant who could answer the existed problems on the focus of research. Then the researcher also conducted intensive observation to objects and interviews the informant. After conducting interviews and observations, the next step of research is to analyze the domain, then proceed to the taxonomic analysis and component analysis, the last step is to analyze the findings. Thus, in the Spradley analysis after analyzing the theme, will get cultural findings that exist in the object of research and after that the researcher can write a qualitative research report [3].

III. RESULTS AND DISCUSSION

In terms of the role of local government in providing public services can be reflected in the use of its policies. By conducting an analysis of this instrument can actually be known how the character of local government when compared with other elements outside it. With reference to Howlett and Ramesh's opinion 3 categories can be distinguished; namely compulsory instruments, mixed instruments and voluntary instruments [4].

Compulsory instruments are instruments that direct the actions of citizens and private institutions. In this case the government uses its authority to regulate or instruct citizens to take certain actions or to directly provide public services through direct public goods provision. All of this is a compelling instrument because it gives the government the opportunity to run whatever it wants.

Voluntary instruments are characterized by a lack of government involvement because the instruments used are more based on volunteerism. Under such conditions, it is often the government's decision not to do anything about the problem because it believes that the problem can be solved by an instrument outside the government, such as market mechanisms, or other private organizations. This voluntary instrument is an important instrument for achieving economic and social policy objectives.

The third instrument category is a mixed instrument that combines several characters of compulsory and voluntary instruments. This instrument allows government involvement to a certain extent in making decisions of non-governmental actors, while letting the final decision be in the hands of the actor. This government involvement ranges from the smallest of information dissemination, subsidies, rights auctions, to the most serious involvement such as tax collection and retribution.

In the case of the role of local government, especially Jember district government, in an effort to reduce maternal and infant mortality, the role of local government through the analysis of this instrument, tend to be more compulsory instrument. This can be seen from the many roles of local government from the socialization of policy programs to actions taken by the local government through policy making by regional parliaments, regional heads and implemented by the health offices and staff in sub-districts and villages.

Local Government, especially Jember District continue to work to overcome the problem of mother and baby death. the Department of Health has made a lot of efforts towards the high MMR and IMR.

The things that have been done by the department of health are as follows:

- Institutional Strengthening and Policy Support from Local Government
- Improvement of Service with improvement of Human Resources, Facilities and Infrastructure including Officer compliance to SOP

- Community Empowerment and Stakeholder

In addition to that has been done, Jember District Government also has a breakthrough that greatly encouraged the implementation of the GERAK BERLIAN. GERAK BERLIAN is *Gerakan Serentak Jember Peduli Ibu, Bayi dan Anak*. This movement has the target of all pregnant women, maternity, infants and toddlers in the district of Jember. The purpose of the movement itself is the existence of the joint movement of the whole, be it Government, Cross Sector (Health Office, BP2KB, Education Office, Ministry of Religious Affairs, PKK, Bappekab, Camat etc) and Society. This movement has a target of MMR and IMR decline in Jember District. Acceleration movement of MMR and IMR decrease started since 2014. Where, the GERAK BERLIAN which started on April 8, 2015, with the achievement [5].

- The decline of IMR from 251 in 2014 to 229 in 2015. **Gerak Berlian** is applied in all District / Public Health Services throughout Jember District
- Cases of death that occurred shifted from direct causes (bleeding, Pre / Eclampsia, and others) became indirect causes (chronic illness)
- The delay in referral (handling <3 hours) can be reduced to 3 cases from all cases (32 cases) compared to last year (there are 6 cases) meaning that early detection has been implemented in the area, whether by community, health officer or cross-sector.

Gerak Berlian is implemented in all Sub-districts / public health services because all districts have the same duties, roles and responsibilities, where all targets are also widespread in all areas that can have a risk of death of the mother and baby. But along with the implementation of this movement does not mean without obstacles, while the obstacles faced are as follows:

- Cross-sectoral involvement in efforts to reduce MMR and IMR is still not optimal
- Socialization at the village level is still lack of funding support
- Not all Sub-districts have regular meetings discussing the reduction of MMR and IMR
- The sub-districts that have MMR and IMR have not all conducted an External Maternal Audit and Perinatal Mortality Audit to discuss the existing constraints in the region
- There is still a tradisional midwife who has not partnered yet
- Low public knowledge about high-risk early detection in pregnant women, and high risk neonatal
- There is still a delay in making decisions in the Community for Emergency

However, such obstacles are also resolved in some way, in several ways:

- Make agreement of all parties in order to reduce MMR and IMR to carry out their duties according to their main task and function (*tupoksi*)
- Allocate funds for socialization and regular meetings that discuss the reduction of MMR and IMR at the District and Village levels
- Implementing Audit Maternal Perinatal (AMP) at the sub-district Level
- Improve the Development of tradisional midwife and Midwives Partnership, and Posyandu Cadres
- Involving Villages and PKK in the socialization of early detection of pregnant women (Bumil) and high risk Neonatal
- Improving Active Alert Village and P4K Program socialization

In addition, the Jember District Government has issued several regulations related to reducing IMR and MMR, the regulations are as follows:

- Decision of Bupati of Jember Number 188.45 / 246/012/2007 about Public Health Service as Obstetric and Neonatal Service Facility of Basic Emergency of Jember Regency which changed to Decision of Bupati of Jember Number 188.45 / 248/012/2010 about Public Health Service as Obstetric Service Facilities and Basic Emergency Neonatal Jember District
- Regulation of the Regent of Jember Number 17 of 2013 on Guidelines for Safe Delivery, Early Breastfeeding Initiation and Exclusive Breast Milk (ASI) in Jember District
- Decision of Jember Regent Number 188.45 / 16/012/2014 regarding Acceleration Team of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Jember District Year 2014
- Decision of Jember Regent Number 188.45 / 101.1 / 012/2015 regarding Perinatal Maternal Audit Team of Jember Regency Year 2015

A. The Health Department Coordination With Inter-Sectoral In Reducing The IMR's And MMR's Rate In Jember Regency

Partnership among different levels of Government or with other public agencies gives rise number of problems; political, administrative and financial [6]. The most important is the problem of coordination. In decreasing IMR and MMR, local government, especially health department, does not work on its own, rather there are more institutions involved. Each institution has its own role based on any core activity that will be implemented toward the frame act policy of decreasing IMR and MMR;

1) *For example in first core activity:* Promoting Health Reproduction. Health department has responsibility to provide sources in promoting reproduction health held by other institutions. Bappekab (District Planning and Developing Institution) is responsible in coordinating planning programs of implementing Bupati's Rule Number 17 year 2013 about Safe Labour Guidances, Early Breastfeeding Initiation and Exclusive Breastfeeding in Jember Sub-District. Besides, Bapekkab is also responsible in coordinating implementation activity of Bupati's Rule Number 17 year 2013. Education Department has role to facilitate reproduction health promotion in schools, integrate reproduction material into current school materials. Next contribution is from Ministry of Religion and other religion figures in facilitating health reproduction in madrasah and Islamic boarding schools. Institutions such as BP2KB (Women Empowerment and Family Planning), Bapemmas (Community Development Planning Board), and PKK (Construction of Family Welfare), whether in sub-district level, villages, village's chief, society figures, and religious figures in promoting and motivating health reproduction to society. This is important, knowing that those institutions have more direct interactions to society.

2) *Second:* Core activity in promotion of maturing marriage age or delaying pregnancy; Health Department has role to provide sources in promotion of maturing marriage age and delaying pregnancy that is held by other institutions. Then Bappekab supports the activity by collecting and combining institution's reports that are related to the implementation of Bupati's rule number 17 year 2013. Next Education Department, Ministry of Religion Affair and other society figures have role to integrate health reproduction material into existing material in schools, madrasah and Islamic boarding schools. Other institutions that give contributions in this activity program are BP2KB (Sub-District Planning and Developing Institution), Bappemas (Community Development Planning Board), PKK (Construction of Family Welfare), Camat (Village's chief), Kepala Desa (village's chiefs), community and religious figures. They have responsibility to promote and motivate society about making more mature marriage age and delaying marriage and pregnancy.

3) *The third core activity:* is improving health facilities and services according to SOP of Safe Labour in health facility. In this activity, some institutions such as: Health Departent, Public Health Service, Hospitals and BP2KP (Sub-District Planning and Developing Institution), have role to advocate and do conduct research and development related to policy supporting the implementation of safe labour, early breastfeeding initiation, and Exclusive Breast Milk; planning, developing, and disseminating SOP; giving technical training about safe labour, early breastfeeding initiation, and Exclusive Breast Milk and lactation counseling to health workers; implementing services in safe labour, early breastfeeding initiation and exclusive breast milk in Public Health Service (Puskesmas), Village Health Hut (Ponkesdes) and Village Polyclinic (Polindes). Next institutions that are responsible in

the third core activity are Health Department, Puskesmas, Hospitals, Clinics, Village's Chiefs, and PKK. They have task in taking care of private health facilities in order to implement SOP in safe labour, early breastfeeding initiation, and exclusive breast milk and giving technical training to their staff; facilitating development of a standy village. Health Department, Community Development Planning Board (Bapemmas), Sub-District Planning and Developing Institution (BP2KB), Ministry of Religious Affair (Kemenag), Public Health Service (Puskesmas), Village's Chiefs, society's figures, religious figures, PKK and its staffs, have important role to promote safe labour to society, especially to bridegroom to be. moreover, Health Department with Puskesmas, Village's Chiefs, PKK, society's figures, religious figures and its staffs, have to optimalize the implementation of P4K (Planning and Prevention Program Delivery Complications); to facilitate society in developing standby village. In addition to this, BP2KB (Sub-District Planning and Developing Institution) should provide contraception for husbands and wives who need it.

4) *The fourth core activity*: is early breastfeeding initiation (IMD). In this activity, Ministry of Religious Affair, BP2KB, society's figures, religious figures, village's chiefs, PKK and its staff should participate actively in promoting IMD to society, especially to bridegroom to be. The last party who is responsible in the fourth core activity are Hospitals, Public Health Services, BP2KP, that give technical training about early breastfeeding initiation to health workers.

5) *The fifth core activity*: promotion to high school, the right of women to breastfeed their babies. Invites them to be sensitive to the health of mothers and babies, as a provision for those female students who will be mothers. Invite students to postpone marriage at least according to the rules of marriage law. Although the marriage is through a matchmaking culture, but socialization for the delay of early marriage is still important to do.

Also socialized about breastfeeding special room for breastfeeding mothers in public spaces, such as in offices and malls. The socialization efforts were conducted through Young

Health Ambassador election contest, leaflet spread, and poster installation.

IV. CONCLUSION

- An active role appears in the socialization of the importance of maternal and infant health. Guidance for *Posyandu* cadres, picking up pregnant women who do not want them to get public health services.
- Coordination starts from strengthening and mechanisms from the regional government; improvement in human resource services, facilities and infrastructure; and community empowerment and stakeholders. There are seven mechanisms from the government with AKI and AKB in Jember Regency.
- Political will the Local Government has decided in the Regional Regulations, Bupati Decrees and implementation programs and activities in the Jember RPJMD and RKPD. Efforts to reduce maternal and infant mortality for the GERAK BERLIAN Program (Simultaneous Movement of Jember Care for Mothers, Babies and Children).
- The efforts to reduce maternal and infant mortality trigger the government to make GERAK BERLIAN program (Gerakan Serentak Jember Peduli Ibu, Bayi dan Anak).

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