Analysis Of Health Service Policy In The Context Of Accelerating The Reduction Of Infant Mortality Rates In Seruyan Regency In 2023

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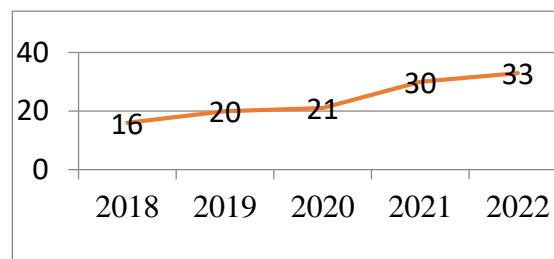| Article Info	ABSTRACT
Keywords: Policy Analysis, Health services, Infant Mortality Rate	In achieving a reduction in the Infant Mortality Rate, Regional Governments have a very important role in policy programs in the health sector, especially maternal and child health. The SPM achievements related to the Infant Mortality Rate in Seruyan Regency have not yet reached the SPM target in accordance with Minister of Health Regulation number 4 of 2019 concerning minimum service standards in the health sector. This research aims to analyze health service programs in an effort to accelerate the reduction of infant mortality rates in Seruyan Regency in 2023. The research method is qualitative, involving 7 groups of informants selected based on the capacity and knowledge of the resource persons related to health services in reducing infant mortality rates in Seruyan Regency. . Data analysis used in data processing uses the Milles and Huberman method and Fishbone Diagram (fishbone analysis). Data validation in this research uses source triangulation and method triangulation. The results of the research found that health services in order to accelerate the reduction of infant mortality rates in Seruyan Regency in 2023 have not been effective, it is known that the implementation of regulations related to maternal and child health services has not been optimal, has not been efficient, there is no budget allocation for the newborn health service program in 2022, has not been responsive because the integrated K6 antenatal care (ANC) service at the Community Health Center is not yet optimal, the competence and distribution of health workers, the maternal neonatal emergency referral service is not yet optimal, there are still early pregnancies, and the socio-cultural culture of indigenous peoples who still give birth at home and are assisted by village shamans.
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INTRODUCTION

The Infant Mortality Rate (IMR) in Indonesia shows an increase. In the Sustainable Development Goals (SDGs) report, or sustainable development goals, and in the National Medium Term Development Plan (RPJMN), suppressing IMR is the third goal of the SDGs, namely health and welfare. It is hoped that this sustainable development goalcanreducing

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maternal and infant mortality rates has been targeted by 2030, with every country expected to participate in Because these indicators are sensitive to improvements in the accessibility and quality of health services, they can also be used to assess health programs.(1)

World Health Organization(WHOreported that 4.5 million infant deaths each year and 75% of infant deaths occur in the first week of life(early newborn), and 25%-45% occur 24 hours after birth. Based on monitoring organization reportschild "save the children fund"It is estimated that 1.3 million babies are stillborn every year.(2) Previous literature proves that five countries including China, Congo, Nigeria, India, and Pakistan account for almost half of the world's under-five deaths. Pakistan has the sixth largest population in the world with 188 million people. In 2018, the IMR in Pakistan was 61 deaths per 1000 live births.(1)

IMR is the death rate of babies under 1 year (0–11 months) per 1,000 live births in a particular year. For 50 years, that isfromFrom 1971 to 2022, IMR suppressed almost 90% of babies in Indonesia.Based on IMR data from the Long Form Results of the 2020 Population Census, where nationally IMR is 16.85 per 1000 live births, Central Kalimantan Province is 17.95 per 1000 live births, andSeruyan Regency has 10.5 births per 1000 people, which is still below the national figure. However, in the last five years, this figure has increased from 4.9 per 1000 people to 10.5 per 1000 people.(3)Seruyan Regency IMR data:

Graph 1 IMR for 2018-2022 Seruyan Regency
Source: Seruyan Regency Public Health Commissioner, 2018-2022

Between policy formation and the impact of the policy on the communities it influences, implementationpolicyconsidered as one of the stages of public policy, especially in the fields of public administration and public policy. Policy implementation is the implementation of basic policy decisions, usually in the form of legislation, but can also take the form of important executive orders, judicial decisions, or orders. Decisions that must be taken include the problem to be solved, the goals or objectives to be achieved, and various ways to regulate or organize its implementation.(4)

To reduce infant mortality, the government is committed to reducing IMR through Minister of Health Regulation no. 21 of 2021, in article 3, it is explained that the central, provincial and district/city governments are responsible for ensuring the availability of health resources, facilities, infrastructure and facilities needed to care for patients. (3)The importance of analyzing the policies implemented in health services to reduce IMR is due to the impact of wrong policies, including causinglack of coordination, system failure and insufficient manpower,so that the goal of suppressing IMR is not achieved, there is only an increase in IMR to the detriment of the nation and state.(1)

Akinlo and Sulola's (2019) study in Sub-Saharan Africa found that the use of policies to reduce infant mortality was unsuccessful due to cost inefficiencies.(1)Pandey and Mohan (2019) show that the NRHM policy was successful in reducing infant mortality in India thanks to improved health infrastructure in rural areas. Increasing the MCH Program (KIA) and distributing budgets for activities to reduce the health of IMR mothers and children are some of the special policies for IMR in Indonesia. The existence of policies specifically related to IMR in Indonesia, including improving the MCH Program, as well as budget allocations for the health sector are the main things in accelerating the reduction of IMR.(1)

The Seruyan Regency government has issued several regulations regarding SPM, but the infant mortality rate continues to increase every year. Increasing IMR can affect overall public health. This can reduce people's productivity and quality of life and increase the burden of disease and health costs. Policy analysis involves generating and assessing knowledge claims resulting from policy arguments, showing why some policy actors disagree with a policy alternative. The research aims to analyze service program policieshealth in order to accelerate reducing IMR in Seruyan Regency in 2023.

METHOD

This research is a qualitative case study approachForstudying individuals, groups or events so that they can describe, explain and answer the problems in the research carried out.(4) The data used is primary data, which was asked directly to informants by researchers.(4)The research informants were the head of the health service, the head of the Bappedalitang, the head of the DPMD, the head of the community health center, the coordinator of the health law sector, the person in charge of implementing maternal and child health services, the local midwife, and pregnant women.(9)Secondary data is the health profile of Seruyan Regency, policies related to reducing infant mortality, photos and videos of health service implementation activities.

The research location was carried out at the Health Service, Kuala Pembuang Regional Hospital,Kuala Pembuang I and II Community Health Centers, Tumbang Langkai Community Health Center, Bappedalitbang, DPMD, DP3AP2KB, Population and Civil Registration Service, IBI, midwives and pregnant women in the Kuala Pembuang I and II Community Health Center areas, and Tumbang Langkai Community Health Center. The research implementation period starts from September to December 2023. Variables thatanalyzed in relation to health service policies in order to accelerate reducing IMR as seen or measured from:(7)

a) Effectiveness. Results of achieving goals from program implementation.
b) Efficiency is related to the amount of effort to produce a level of effectiveness as measured by the time and costs used.
c) Responsiveness is related to the extent to which a policy can satisfy society's needs.

This research collects data through observation, interviews, documentation, and triangulation or combined techniques. Observing health services in Seruyan Regency directly is part of this observation. Researchers conducted in-depth interviews to gather

information about how policies implemented in the health care sector can reduce infant mortality rates.

Researchers have interviewed the head of the health service, head of Bappedalitbang, head of DPMD, head of community health center, coordinator of health law, person in charge of implementing maternal and child health services, local midwives, and pregnant women. Researchers chose the informants above because they are relevant parties and are involved in reducing infant mortality. This research took photos, videos and writing. This documentation method is used by researchers to collect data from relevant agencies, namely the village government and village health posts. Apart from that, researchers will also look for data from various sources, such as mass media and social media, regarding policies implemented in health services that accelerate reducing IMR. Researchers use sources to obtain data from various sources.(4)

Data analysis is the process of systematically searching and compiling data collected from field notes, interviews and other sources so that it is easy to understand.(4) Data is displayed after the data has been reduced. Qualitative research can present data in the form of brief descriptions and present and draw conclusions.(4)

DISCUSSION

The results of the research show that the implementation of Health Services in the Context of Accelerating Reducing IMR in Seruyan Regency in 2023 has not been effective because:1) Lack of facilities and infrastructure to support services, 2) Unequal capacity and distribution of health workers in several health service facilities, 3) access to health services in remote areas, 4) role of cadres and families in ANC services, 5)and the implementation of regulations/policies related to KIA services has not been optimal.

Research findings also show that Health Services in the Context of Accelerating Reducing IMR in Seruyan Regency in 2023 are not yet efficient due to: 1) there are no regulations for maternal-neonatal emergency referral services between FKTP and FKTL, 2) Competence of human resources for maternal-neonatal emergency services in First Level Health Facilities (FKTP). This research found that Health Services in the Context of Accelerating Reducing IMR in Seruyan Regency in 2023 are not yet responsive due to: 1 the MCH service program not being optimal due to access and staffing in health service facilities, 2) lack of information regarding integrated ANC K6 services for pregnant women.

Therefore, in order to support the health service program for mothers and children, it is necessary to improve infrastructure and health equipment, the competency of human resources, especially doctors and midwives who are involved in MCH services, increasing KIE for pregnant women will increase the importance of ANC services. Apart from that, there is also continuous road access. improved to make it easier for people to get to health service facilities, cross-program and sector involvement in MCH service efforts, the existence of regulations related to maternal and neonatal emergency referral services, as well as strengthening the implementation of MCH service programs in accordance with guidelines so that health services for mothers and children can be served in accordance with standards in an effort to accelerate pressure on IMR in Seruyan Regency.

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This finding is in line with research by Madhu Gupta, et al, (2017) which found that NRHM has a role in improving MCH in rural areas through increasing access to health services and availability of maternal and child health services. This finding is also in accordance with research studies by Marck Buce Tanebet, (2022) who in his research found that policies in suppressing MMR and IMR in NTT Province were working well, although there were still obstacles. Temun is also in line with research by Lisa Pitrianti, et al, (2022) which explains that jampersal is not yet optimal with priority problems in the form of access to jampersal referral health facilities which are quite far away.

However, Ali Imron, (2013) found different findings: sociologically, the partnership between midwives and village shamans in the birthing process has an influence on the implementation of policies in reducingnkan AKI and AKB. In research conducted by Desvita Anggraini Wulandari, et al, (2021), the responsiveness of the Health Service was quite good or responsive, as seen from stakeholder cooperation in efforts to reduce MMR and IMR.

CONCLUSION

The research conclusions in this research are:Implementation of Health Services in the Context of Accelerating Reducing IMR in Seruyan Regency in 2023 has not been effective due to:1) Lack of facilities and infrastructure to support health services in health service facilities, 2) Unequal capacity and distribution of health workers in several health service facilities, 3) Access to health services in remote areas, 4) the role of cadres and families in ANC services, 5) the implementation of KIA service regulations has not been optimal.ServiceHealthIn the Context of Accelerating Reducing IMR in Seruyan Regency, Year 2023 not yetefficient because: 1)There are no regulations for maternal-neonatal emergency referral services between FKTP and FKTL, 2) competency of human resources for maternal-neonatal emergency services at FKTP.Internal Health ServicesThe Framework for Accelerating Reducing IMR in Seruyan Regency in 2023 has not been responsive due to: 1. The MCH service program is not yet optimal due to access and staffing in health service facilities, 2) lack of information regarding integrated ANC K6 services for pregnant women.Identification of problems with the KIA service program in Seruyan Regency, namely the lack of optimal integrated K6 antenatal care (ANC) services at the Community Health Center, the lack of optimal neonate visitation services at the Community Health Center, competency and distribution of human resources for health workers, access to remote area health services, maternal neonatal emergency referral services, pregnancy at an early age, and the socio-cultural culture of indigenous people who give birth at home with village shamans. Based on in-depth interviews, observations and document searches, it was found that the priority problem was that KIA services were not yet optimal according to the targets and targets and guidelines that had been set. The results of the fishbone, People, Machines, Methods, Environment, Materials, and Money analysis show that alternatives and problem solving are monitoring and evaluating the implementation of integrated ANC K6 services and routine neonate visits by the Health Service, increasing the competency of human resources for health workers, increasing access to health services. remote areas, making regulations for maternal-neonatal emergency referral services, carrying out MOUs

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with related cross-sectors regarding guidance and health services for adolescents and couples of childbearing age (PUS), and improving KIE and innovation in MCH services.The Seruyan District Health Service needs to make regulations for maternal-neonatal emergency referral services and strengthen the competency of human resources for health workers in maternal-neonatal emergency referral services. Optimize the MCH service program in FKTP and its network through continuous monitoring and evaluation by the Health Service. Increase the competency and distribution of human resources for health workers in particular. in remote areas, increasing access to health services, MOU for ANC services between community health centers and villages, improving KIE and innovation in KIA services.

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