

Capacity Building for Midwives and Doctors to Decrease Maternal Mortality Rate and Infant Mortality Rate

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Abstract

East Java is one of the top 10 areas with the highest MMR and IMR in Indonesia. So it needs the attention of antenatal care roomates is that the service at the upstream level is not running properly. The purpose of this research was to plan Capacity Building program for doctors and Midwives at Klampis health centers. The research method was using survey methods with tools polulasi questionnaire with 11 health workers is four Midwives roomates, five doctors and two independent Midwives in working area of Klampis Health Center. The results of this research are health workers in health centers APN Klampis not trained as much as 30%. Health Center the which acts as a first-level health care facilities do more basic services. Normal delivery was the usual basic services in health centers, to perform Reviews These activities need to give some training APN to Midwives. The training program was expected to improve the competence of birth attendants Eventually so it can result in a Decrease of Maternal and Child Mortality Rate (MMR / IMR).

Keywords: Capacity Building, Midwives, Maternal, Child Mortality Rate

I. INTRODUCTION

One indicator with absolute values in the determination of the Human Health Development Index (HDI) is maternity coverage by health personnel. The determination of this indicator is due to power it up significantly to decrease maternal mortality ratio (MMR) and decrease in infant mortality rate (IMR). Until the end of 2015 which is the deadline for the implementation of the Millennium Development Goals or MDGs, Indonesia still has not managed to achieve the target of infant mortality and maternal mortality. East Java province, including 10 areas with the highest MMR and IMR in Indonesia. And regional contributor highest maternal mortality rate is the city of Surabaya with 49 cases of maternal death (East Java Provincial Health Office, 2014). In East Java Province, in 2014 has been a decline in maternal mortality by about 11.7% and infant mortality by 9.7% percent from the previous year. But these efforts are more focused on the downstream approach, namely curative and rehabilitative. While efforts upstream (promotion and prevention) not too get their attention and have not been implemented with high commitment. And with intervention on the upstream side, can prevent the occurrence of a wide variety of events that can lead to maternal death. That is, that the antenatal care services which are services at the upstream level is not running properly.

An effort to improve the ability of health workers one of which can be reached through *Capacity Building*. The purpose of the *Capacity Building* is to strengthen the competence of doctors and midwives so as to increase efisiesiensi, effectiveness, and responsiveness of maternal and child health programs, especially in terms of reduction of maternal and infant mortality.program *Capacity building* will not just stop on the ability of health workers to run the program, but also includes the ability of health institutions, which in this case is a health center in providing technical resources required by doctors and nurses in implementing programs for maternal and child health.For that we need the data to be able to measure the ability of health workers to be able to do the evaluation and improvement of capacity (*capacity buiding*) each period.

The description causes question arises how the influence of *capacity building* of the roleof health workers in health services in Klampis health center Based on these questions, the general purpose of the study is to draw up plansprogram *Capacity Building* for doctors and midwives at the health center Klampis. The specific objectives of this study are: 1. Analyzing the suitability of the duties and functions (TOR) with education and skills as well as a means of supporting the work of health personnel; 2. Perform additional tasks suitability analysis of health workers with the education and skills as well as a means of supporting the work of health personnel; 3. Doing the job satisfaction of health personnel in accordance duties.

II. METHODS

This study assessed based on the research study "Planning and Evaluation Planning *Capacity Building* of Health Workers In Klampis Health Center 2016". This study was conducted using a survey by graduate student interest in health care management Program Administration Health Policy Faculty of Public Health in Airlangga University with population health workers PHC Klampis, which is 4 midwives, five doctors and two midwives practice independently in Klampis Health Center.

Engineering survey conducted using questionnaires tools. Questionnaires aimed at doctors, midwives and midwives practice independently the health center in health center Klampis. Questionnaire in the form *Self Assessment* associated with the knowledge and skills of health workers as well as an assessment of the availability of facilities and infrastructure in health centers and institutions independent midwifery practice Health Center Klampis working area.

III. RESULTS AND DISCUSSION

A. Overview Klampis Health Center

Klampis Health Center is one that addresses the health service in Jalan Rungkut Mejoyo IV / P-48 District of Kalirungkut Surabaya. Work areas in health centers include the Village Tenggilis Klampis Mejoyo, Village Long Jiwo, Village Kendangsari and Kutasari village. The results of the survey method statement has been done by analyzing the identification of internal and external factors through the following SWOT analysis:

- Strengths, consisting of; a. Source of funds activity is derived from the APBN / APBD, JKN, the BOK; b. Adequate facilities and infrastructure; c. Midwives have training SDIDTK, Infection Prevention, Immunization, and the CTU (Contracepcy Technology Update).
- Weakness, consisting of; a. All midwives have not participated in training PPGDON (100%); b. Some midwives have not followed NLS (70%); c. Recruitment does not require midwives have experience training.
- Opportunities, consisting of; a. Open cooperation with educational institutions; b. Their opportunity to BLUDshealth.
- Threatscenters,namelyIBI competency standards require that midwives have training.

Table 1. SWOT Analysis Results Related Capacity Building Health Center Klampis

Variable	Weight	Rating	Score
Strength			
Adequate facilities and infrastructure	0.07	14	0.9
midwives' motivation and skills to improve knowlegde	0.08	19	1.5
Weaknesses			
Source of funds activity is derived from the APBN / APBD, JKN, BOK	0.07	-10	-0.7
Permitting for midwives training hard outsorcng	0.08	-20	-1.6
recruitment system midwife at the health center midwife training requirements have not oblige	0.07	-19	-1.3
policy of giving only a midwife training program for midwives are civil cervants	0.08	-20	-1.7
PNS midwives amounted to 2	0.04	-15	-0.6
all midwives have not attended training PPGDON	0.08	-18	-1.5
9 midwives have not been training SDIDTK	0.04	-10	-0.4
9 midwives have not been trained PI	0.06	-8	-0.5
7 midwife training yet NLS	0.08	-19	-1.6
7 Immunizations have not been training midwives	0.08	-10	-0.8
4 midwives have not been training CTU	0.06	-14	-0.9
3 midwives have not been training APN	0.08	-14	-1.2
Total Strength and Weakness			-10.4
Opportunities			
Open collaboration with education authorities	0.29	17	4.90
There is a chance of health centers to BLUDs	0.37	16	5.85
Threats			
IBI competency standards required to have the training	0.35	-19	-6.58
Total Opportunites and Threats			4.17

Based on the analysis of the situation in Klampis health centers, group perform data analysis and identified some problems related to capacity building in the health center Klampis. The data when the midwife said to knowledge and skills have lower by 20% and midwives have not been trained by 20% (Pareto Law). Based on the analysis of data obtained several problems as follows:

- Midwife of Klampis Health Center doesn't PPGDON training as much as 100%.
- Midwife of Klampis Health Center who trained SDIDTK Not as much as 90%.
- Midwife of Klampis Health Center doesn't answer training Infection Prevention (PI) as much as 90%.
- Midwife of Klampis Health Center who yet NLS training as much as 70%.

5. Midwife of Klampis Health Center who trained Immunization yet as much as 70%.
6. Midwife of Klampis Health Center who trained CTU Not as much as 40%.
7. Unanswered center midwife Klampis APN training as much as 30%.

From the identification of the above problems, the group determines the priority which must be resolved. Prioritization of the issue through FGDs with seven (7) Midwife of Klampis health Center. The method used in the prioritization of the problem was USG method (*Urgency, Seriousness, Growth*). The following are the results of the prioritization of problems using USG method:

Table 2. Results of Prioritizing Problems Using USG method

Problems	Criteria			Total	Priority period
	Urgency	Seriousness	Growth		
Midwife of Klampis Health Center doesn't answer APN training as much as 30%.	35	33	27	95	1
Midwife of Klampis Health Center doesn't answer PPGDON training as much as 100%.	35	28	28	91	2
Midwife of Klampis Health Center doesn't answer NLS training as much as 70%.	34	28	28	90	3
Midwife of Klampis Health Center doesn't answer immunization training as much as 70%.	29	30	28	87	4
Midwife of Klampis Health Center doesn't answer Infection Prevention training (PI) as much as 90%.	24	30	30	84	5
Midwife of Klampis Health Center doesn't answer CTU training as much as 40%.	32	27	24	83	6
Midwife of Klampis Health Center doesn't answer SDIDTK training as much as 90%.	21	23	24	68	7

Based on table 2 above, the priority issues that are taken in this activity was midwife of Klampis Health Center APN that have not been training as much as 30%. PHC which acts as a first-level health care facilities do more basic services. Normal delivery is the usual basic services in health centers, to perform these activities need to be given training midwives APN. The training program is expected to improve the competence of birth attendants which in turn can impact on the reduction of Maternal and Child Mortality Rate (MMR/IMR). With this training is expected midwives provide obstetric and neonatal care, particularly capable and skilled to provide services in accordance with established standards. With the training, expected midwife able carry out normal delivery care is labor in accordance with Pillar Safemotherhood ie clean safe delivery, maternal affection and safety oriented. By training our normal delivery care can prevent deaths due to haemorrhage, Eclampsia, Sepsis. Based on these considerations, the Midwife of Klampis Health Center who have not trained as much as 30% APN used as a priority issue.

IV. CONCLUSION

Having found the cause of the problem is to create alternative solutions and then choose the solution for problem resolution, among others:

1. Revise return policies related to absenteeism
2. establish a policy regarding the condition of participation training APN at the time of recruitment
3. Making return policy related to the financing of midwife training
4. Filing providing training APN for midwives outsourcing
5. Conducting in-house training
6. Conducting Arisan Training

Based alternative solutions were then selected solutions are most likely to do. The method used in the determination of alternative solutions are Hanlon method. The criteria used are Magnitude, Feasibility, acceptability, Cost Effectiveness, and Sustainability.

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