The position of the targets of the public health policy of maternal and child in Bandung

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Abstract. This study seeks to make a deep, systematic analysis of the urgency of implementing elements in the implementation of public health policies, especially in the field of mother and child in Bandung City, West Java. This study is important to evaluate whether the government services on maternal and child health is sufficient or not. With the descriptive-qualitative method, this study presents a discussion of how the implementers interact with the community as their targets in implementing public health programs in Bandung City so that their presence is indispensable. With theories of implementation of policies and health campaign, the data was obtained and showed that (a) the unity of the coordination and uniformity of information services, and a network of cooperation in public health institutions, in the Government of Bandung City, have been performed well; (b) in getting their rights the targets are highly motivated for the services of public health and some of them function to be the volunteers to assist local health policy implementers. However, the lack of health care workers who were directly addressing maternal and child health was perceived by the public so well that this study recommends the convening of additional formal health workers in the community.

1. Introduction
Health is one of basic needs for individual life, families, and communities achieved through various health efforts. From the perspective of human rights (HAM), the government of Indonesian commitment to the global community can be seen as part of an effort to fulfill the obligations in realizing the rights to health, especially mothers. The issue of maternal health, especially about maternal mortality and morbidity has been recognized widely as an issue of human rights. This is related to some human rights, especially the right to health standards, was the highest. The world community has already committed that these rights must be protected. These rights are protected by the international human rights treaties, which are set in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

In accordance with article 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) became an explicit obligation for a state to take a definite action in realizing the rights of economic, social and cultural, that is to say that the country should not back away from that achievement levels have been conducted before. Another important Government obligation is the "maximum utilization of existing over resources". The Government must demonstrate that the
activities are utilizing existing resources optimally to achieve the right to health. Referring to the principle of Government as task holder establishing the obligations to respect, protect, and facilitate the implementations of the rights of the mother's health, then the analysis of maternal health budget should be devoted to the assessment of the activities of the Government to (1) take appropriate action towards the progress of the achievement of the right to the maternal health, and (2) the utilization of existing resources to the maximum. The allocation of the Government budget in the areas of maternal health, especially to realize the Government promises of the MDGs in the United Nation Summit 2010, must show the activities of its.

In Indonesia, the development in health sector is the embodiment of Article 28 paragraph (1) of the Constitution of 1945 which states that everyone has the right to obtain health services, and of article 34 paragraph (3) states that the State is responsible for the provision of worthy health care facilities and public service facilities.

To implement the development in health sector effectively, it is clear that health resources support is needed as mandated in Article 1 of Law Number 36 The year 2009 on Health. Health resources are all forms of funds, personnel, medical supplies, pharmaceutical supplies and medical equipment also health and technology services facilities utilized to carry out health efforts undertaken by the Government, local government and/or the public.

The health resources support is needed in the implementation of local government. The purpose of local government as regulated in Law Number 23 The year 2014 on Regional Government is to realize the welfare of the community [1].

The decline or low level of health, among others, appears from less healthy life behavior, low awareness to maintain cleanliness and environmental health, decreased the health of individuals and families, malnutrition, and the outbreak of infectious diseases. The impact of low levels of health is certainly not limited to individual and family life. The social life of society can be affected by the declining health status. Therefore, various health development approaches are needed to make health efforts. The purpose of health efforts as stated in Article 3 of Law Number 36 The year 2009 on Health is to raise awareness, willingness and ability to live healthy for every person to realize the optimal health degree of society through health maintenance and disease prevention.

Increasing the degree of public health, among others, is achieved by organizing public health services. To carry out effective public health services, the Government has issued Regulation of the Minister of Health Number 741/MENKES/PER/VII/2008 regarding Minimum Service Standard for Health Sector. Article 2 paragraph (2) of Permenkes states: "Type of health service includes: basic health service (pregnant women's visits, obstetric complication, delivery help, childbirth, neonate, child immunization, toddler, complementary feeding, malnutrition, family planning, poor community service), referral health services (poor and emergency patients level 1), epidemiology and prevention of outbreaks, as well as health promotion and community empowerment." [2]

Although the providers of health services are also conducted by private parties, but to make effective the basic health services including pregnant women's visits, obstetric complications, delivery help, childbirth, neonates, child immunization, toddlers, complementary feeding, malnutrition, KB, poor community services, Local Governments need to expand the provision of health services infrastructure. For that, the Local Government also set up Regional General Hospital (RSUD) and Community Health Centers (Puskesmas) and motivates the community to organize Integrated Service Posts (Posyandu) in the neighborhood of RT and RW. Posyandu function carried out by the PKK Activator Team, or other women's groups are one of public participation in health efforts.

Public health efforts organized by the Local Government are the implementation of Article 12 paragraph (1) of Law Number 23 The year 2014 on Local Government. The verse states that compulsory governmental affairs related to basic services one of them include health services [1]. In relation to this policy, the Government has issued Government Regulation No. 65 Year 2005 concerning Guidelines for the Preparation of Minimum Service Standards, Government Regulation No. 6 Year 2007 on Technical Guidelines for the Preparation and Establishment of Minimum Service Standards, and in particular, the minimum service standards in hospitals shall be regulated by Decision
Minister of Health Number: 129/Menkes/SK/II/2008 on Minimum Service Standards Hospital. In this context, the quality of basic health services becomes very important in supporting the realization of community welfare.

2. Theoretical Framework

In line with the mandate of Article 28 H paragraph (1) of the Constitution of 1945 the State of Republic Indonesia has been affirmed that every person shall have the right to health service, then in Article 34 Paragraph (3) declared that State responsible for the provision of health service facilities and public service facilities worthy.

Referring to the explanation of the article, the health agency is one of the health efforts provided by the government, as well as the Bandung City Government for the District and Village levels. Furthermore, in the implementation of health efforts shall be guided by Regulation of the Minister of Health No. 741/MENKES/PER/VII/2008 on Health Minimum Service Standard (SPM Kesehatan) in Regency/City [2].

With the function of carrying out health service activities that reach all targets, especially health service targets among the poor. Thus, the Government of Bandung established Public Health Centers as the spearhead of public health services. The function of the Puskesmas is also closely linked to the implementation of the Integrated Service Post (Posyandu) function implemented by the PKK Activator Team in the neighborhood of RT, RW, and local village.

The public health effort organized by the Local Government is the implementation of Article 11 paragraph (4) of Law Number 32 The year 2004 stating that "Implementation of obligatory business that is guided by minimum service standards shall be implemented gradually and set by the Government." To that end, the Government issued Government Regulation Number 65 Year 2005 on Guidelines for the Preparation of Minimum Service Standards, Government Regulation Number 6 Year 2007 on Technical Guidelines for the Preparation and Establishment of Minimum Service Standards, and in particular, minimum service standards in hospitals shall be regulated by Decree of the Minister of Health Number: 129/Menkes/SK/II/2008 on Minimum Service Standards Hospital. In this context, the implementation of minimum service standard policies becomes important and determines the quality of health services.

Therefore, policies and activities of health services need to be directed and optimized to increase public knowledge about the importance of health. Meanwhile, optimal health services can only be provided if health service resources are met. Health resources in question certainly not only on the provision of health workers, but also other health resources such as the provision of health care budget, the provision of health care facilities and infrastructure and the use of health technology is now more sophisticated and complete. On the one hand, the provision of health resources can be met by privately run health care institutions. However, the cost to obtain health services held by private parties is considered very expensive when compared with health services organized by government agencies.

According to Azwar, there are basic conditions of health services that must be met in order to be said for a good health service, namely: 1) available and sustainable, 2) acceptable and reasonable, 3) easy to reach, especially from the point of location, 4) easy to reach, especially from cost point, and 5) quality [3].

In the context of utilization health services is an interaction between consumers with service providers. Several factors influencing the utilization of health services are sociocultural factors, organizational factors, service recipients and service delivery factors.

Sociocultural factor consists of technology and social values that exist in society. Technological advances can improve the utilization of health services such as heart transplants, kidney, the discovery of artificial organs, as well as advances in radiology [4]. In this context, also consider local wisdom including norms, values, and beliefs that exist in the community. This will affect a person in acting including to utilize health services.
Furthermore, factors related to the organization are the structures and processes that provide a policy to the health care organization and the surrounding environment that affect the health care process. These factors are resource availability, geographic access, social access and the characteristics of the structure and process of care [4].

Meanwhile, the implementation of policies regarding the various activities directed to the realization of the program [5]. In this case, administrators set the way to organize, interpret and apply the policies that have been selected. To organize means setting unit resources, and methods for implementing the program. Do the interpretation regarding translating languages or terms of the program into acceptable and feasible plans and instructions, while applying means using instruments, working or providing routine service, making payments. Or in other words, implementation is the stage of realizing the goals of the program. In this regard, the preparation of the implementation, which is to think and calculate carefully the various possibilities of success and failure, including obstacles or opportunities that exist and the ability of organizations who are tasked to implement the program. Thus, the implementation of the public policy has the following preconditions: 1) implementation of public policy contains something/some purpose or objectives, 2) in public policy there is an idea that underlies the emergence of the policy, 3) on public policy, there is a series of activities directed to the realization of the program, 4) in realizing the program, the task of the administrators of the government (bureaucracy) to interpret, organize and implement the policy, and 5) implementation of policies requires a variety of instruments and resources [5, 6, and 7].

Based on the opinion as cited above, it can be concluded that a policy implementation is an administrative tool, in which various actors, organizations, procedures, and techniques work together to implement policies to achieve the desired impact or objectives. The achievement of policy goals depending on the actors whose participation in the implementation of the policy. Therefore, that policy implementation can be seen as a strategic interaction process that is established from cooperation among a large number of actors involved in the implementation of policies to achieve the objectives of the policy mandate. The participation of such individual groups in the implementation of the policy may have some form and cooperate with government agencies [5, 7, and 8].

Many people think that policy implementation is only an implementation of what has been decided by the legislative or the decision makers so that it is less influential. In fact, not all policies can be implemented properly, and it can still face failure. Even a brilliant policy if improperly implemented can fail to achieve the goal. Therefore, the study of policy implementation is concerned with achieving the goals and objectives of decision-makers or policies. A similar opinion is expressed by Udoji, that "the execution of policies is as important if not more important than policy-making. Policies will remain dreams or blueprints jackets unless they are implemented" [9]. Policies will simply be a dream or a good plan that is stored neatly in the archive if not implemented. Udoji's opinion suggests that policy implementation is crucial to the success and failure of policy.

Based on various opinions that have been described above, the implementation of the policy includes actions by various actors, especially the bureaucrats who are intended to make the program run. Moreover, it can be said that policy implementation includes the first activities of implementing agencies assigned by law with responsibility for running the program should obtain the resources needed for smooth administration. The sources include personnel, equipment, land, raw materials, and funds. Second, the implementing agencies develop the basic languages into concrete directives, regulations also program design and plans. Third, agencies should organize their activities by creating bureaucratic units and routines to cope the workload. And ultimately the implementing agencies provide benefits or restrictions to customers or target groups as a manifestation of the actual output of a program.

Thus, the implementation of the policy in principle is a process and relationship in which the rules of action are carried out by individuals and government officials that directed towards the achievement of the objectives set out in the policy decisions. The successful implementation of a policy depends on the ability of an organizer or actor involved/participating in the implementation of the policy, by
formulating clear and understandable policy objectives, managing unit resources, and establishing methods for program implementation.

The implementing element is the implementation of policy described by Dimock & Dimock as: "the parties that implement policies consisting of the determination of organizational goals and targets, analysis and formulation of organizational policies and strategies, decision making, planning, programming, organizing, human mobilization, operational implementation, monitoring and also assessment" [10].

The parties fully involved in the implementation of public policy are the bureaucracy as described by Ripley and Franklin: "Bureaucracies are dominant in the implementation of policies and policies. In policy and program formulation and legitimation activities, bureaucratic units play a large role, although they are not dominant" [11]. Thus, bureaucratic units occupy a dominant position in policy implementation that differs from the stage of formulation and public policy-setting in which the bureaucracy has a large but not dominant role.

3. Research Method
The object of this research is the effectiveness of maternal and child health service implementer in Bandung City. The research approach used here is based on qualitative research paradigm with deductive analysis method. The approach of this study was chosen on the grounds that qualitative research with the method is a research approach that highlighted the deep excavation of problem objects [12].

The purpose of qualitative research is to understand certain situations, events, groups, or social interactions (Locke, Spirduso, & Silverman, 1987). This research can be interpreted as an investigative process in which researchers gradually interpret a social phenomenon by differentiating, comparing, duplicating, cataloging, and classifying the object of research [13]. Marshall and Rossman stated that this study involves researchers to deepen the setting of researchers. Researchers enter the world of informants through continuous interaction, searching for the meanings and perspectives of informants [14].

4. Findings And Discussion
Referring to the problem of the quality of health services, public health efforts organized by the city of Bandung is the implementation of Article 11 paragraph (4) of Law Number 32 The year 2004 stating that “Implementation of mandatory business that guided by minimal service standards implemented gradually and established by the Government.” To that end, the Government issued Government Regulation No. 65 Year 2005 on Guidelines for the Preparation of Minimum Service Standards, Government Regulation No. 6 Year 2007 on Technical Guidelines for the Preparation and Establishment of Minimum Service Standards, and in particular, minimum service standards in hospitals shall be regulated by Decree of the Minister of Health Number: 129/Menkes/SK/II/2008 on Minimum Service Standards Hospital. In this context, the implementation of minimum service standard policies becomes important and determines the quality of health services.

Coordinated activities between the central and local governments to address maternal health issues are still a problem because of the implementation of regional autonomy. Indonesia has started a massive decentralization system since 2000 after the collapse of the New Order regime in 1998. The decentralization framework has undergone a series of revisions (Budlender and Satriyo, 2008). The first decentralization law in the regime after the New Order was Law No. 22/1999 on Regional Autonomy, which took effect in 2000. In 2004, the government revised Law No. 32/2004 in response to the impacts of the previous law. However, in this decentralized system, government responsibilities, including the maternal health sector, are shared at national, provincial and district/city levels.

The health delivery system is also affected by the decentralization process in Indonesia. Since the beginning of the decentralization legislation of 1999, district/ municipal governments have moved
about 70% of central civil servants including some responsibility for community services and facilities. The reforms also transfer substantial funds to local governments, but unfortunately, the transfer is not accompanied by a transfer of capacity to implement new responsibilities resulting in stagnant development in many areas of development in the end, including the health sector.

The health care delivery in Indonesia is regulated in a hierarchical health service system or from the bottom up. The first level is the delivery system of health services in the community, involving the Public Health Center (Puskesmas); Integrated Service Post (Posyandu), Village Mat Posts (Polindes), and Village Midwives (Bides). The Puskesmas is run by the government as an extension of the District Health Office which provides basic health services in the sub-districts. To serve remote villages that are beyond the reach of Puskesmas, Puskesmas Pembantu (Pustu) can be established under the supervision of the Puskesmas. Polindes is run by nurses and midwives placed by the government and assisted by village health cadres.

Posyandu is the backbone of community participation in health services. Initially, Posyandu was introduced as a component of a national program to provide basic nutrition and growth monitoring services at the community level. Posyandu is run entirely by volunteers trained as health cadres. It was one of the most successful examples of the most successful nutritional projects in Indonesia and has successfully delivered nutritional services to 10 million children in 1984. The basic role of Posyandu was then expanded in the mid-1980s to include community activities related to family planning programs and procurement of basic health services such as immunization and control of diarrheal diseases with the support of health workers.

The second health service is provided by the district hospital, so it is also called type C and D, which is served by at least four specialists. Referral from puskesmas is required to access hospital services, except in the case of emergency. The third health service is implemented by the provincial hospital (types B and C).

A public health facility previously funded by the central government but now it is funded by the region. But after decentralization, district governments have failed to allocate sufficient funds to provide basic health services. Health care operators are still dependent on health fees paid by the community. Dependence on levies has led to increased financial constraints for the poor. It has also created poor incentives for facilities that do not provide public health interventions, including preventive care, which is less favorable than healing interventions. This situation prompted the central government to introduce a national program such as Askeskin, which was later changed to Jamkesmas, and finally became BPJS (Agency for the Provision of Health Insurance) to assist for the poor to access health services.

The link between poverty and health is considered in Bandung. A total of 26 mothers in Bandung in 2015 reportedly died in childbirth. To reduce maternal and infant mortality, the Health Office (DHO) of Bandung has rolled the Quick Win program. According to Bandung Health Department Chief Ahyani Raksanagara Quick Win program is a blood service program to reduce maternal and infant mortality. "The problem is not just at number 26, but why a mother who is in the process of reproduction must end in death," Ahyani said.

To serve the community, Dinkes Bandung also implements integrated emergency response system. "We are working with Telkom to use 022119 as an integrated information center and emergency response center so they can communicate and the community can ask various pieces of information so that they can handle various things in different conditions," Ahyani explained.

Bandung City Health Office, he added, has placed information centers at 37 points, consisting of 6 points at the 24-hour health center and the rest are scattered in various hospitals. With this system, the public can get information directly and available for 24 hours. Efforts to socialize maternally and infant health are also conducted at the upstream level. Ahyani admitted her side has coordinated with regional apparatus to jointly alert through empowerment in the family (household) and RW program standby. "All pregnant women should be recorded at the RW level then sorted by what health workers need, then labor to be planned, if needs funds it has been planned," said Ahyani.
While related to health problems in Bandung, Bandung Mayor Ridwan Kamil explained that as the capital of West Java province, Bandung City not only accepts patients from within the city but also from all areas of West Java. Therefore, he encouraged various parties to optimize health facilities in the city of Bandung. "Let hospital directors; we are both innovating. When there is a problem let us find creative solutions," invites Ridwan Kamil.

One of effort to improve health done is that the city of Bandung was selected to be one of the five cities in the world as a place to establish a cancer research center. "So there will be a cancer hospital in Bandung. Part of the world network," said Ridwan Kamil.

Associated with child health, Bandung City Government has OMABA program, namely Baby Food Ojek who get an award at national level. "Poor people whose nutritional knowledge is weak, who's giving careless food to the growing children we take over. We cook nutritious food, and we send it home," explained Ridwan Kamil.

Another problem is that mothers and community health workers have no knowledge of the prevention or treatment of common childhood diseases. In Bandung, one in three children suffering from fever may be caused by malaria, acute respiratory infections (ARI), and others, and one in seven children fewer than five years old suffer from diarrhea. Most deaths from these diseases can be prevented. However, to prevent these diseases, knowledge, timely introduction, treatment and behavioral changes of mothers and health workers are necessary.

Steps to quality improvement require additional resources to develop and motivate health workers. The performance of health workers is determined by both skill and motivation. To develop skills, not only more training is required, but also facilitative oversight of case management, and for professionals, peer assessment, regular monitoring, and important events or death audits are essential. Continuous feedback, oversight, and monitoring sessions play an important role, not only in improving quality but also in motivating the teams. It is important to consider giving incentives to health workers. These incentives may take the form of non-money (increased duties, ownership, and professional recognition), money (incremental performance-based components on the payroll), or institutional and team-based (steps such as accreditation and open competition).

However, that all is not enough. Local health workers have always been lacking. In the city of Bandung, patients usually drown in busy ness; all want fast paced, lazy queuing, and even lack of funds. Therefore, health workers who are subsidized by the government still need the increase to visit the health conditions of mothers and children in homes. Similarly, it is very important to always train the community so that they can handle their illnesses. This was then done with intensive contacts with health workers both through traditional media such as gatherings of events in the village, community groups, social gatherings, and other activities. Intensive contact was done through social media either in the form of Facebook, Whatsapp, Blackberry, Instagram, or other.

5. Conclusion

Based on the results and discussion of research formulated the research conclusions are as follows:
1. The community, as the target of maternal and child health services, feels a lot of confusion over the services based on the BPJS program. This is because the socialization run by Bandung City Health Office is not so massive.
2. Unity of coordination and uniformity of information services and network cooperation in public health agencies in Bandung City Government has done well.
3. In carrying out its duties, the implementer highly motivated for public health services has become the duty and function of the health office. However, the shortage of health workers directly addressing the health of mothers and children is well-felt by the community so that this study recommends the establishment of additional health workers in the community.
4. For the sake of target satisfaction, socialization on the structure of maternal and child health services was supported by various media, both conventional media and social media and traditional media.

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