

Evaluation of the Antenatal Care Service Program at the Tojo Una-Una District Health Office

Dewi Sartika^{1*}, Amran Razak², Muhammad Alwy Arifin³, Balqis⁴, Muhammad Kardi⁵, Nurhaedar Jafar⁶

**Dewi Sartika^{1*}, Amran Razak²,
Muhammad Alwy Arifin³, Balqis⁴,
Muhammad Kardi⁵, Nurhaedar
Jafar⁶**

¹Masters Student of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

²Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

³Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

⁴Department of nutritional sciences, Faculty of Public Health, Hasanuddin University, INDONESIA.

Correspondence

Dewi Sartika

Makassar, Sulawesi Selatan, INDONESIA.

Tel. 082188499568

Email : dewiisartikaaa002@gmail.com

History

- Submission Date: 16-03-2024;
- Review completed: 19-04-2024;
- Accepted Date: 01-05-2024.

DOI : 10.5530/pj.2024.16.97

Article Available online

<http://www.phcogj.com/v16/i3>

Copyright

© 2024 Phcogj.Com. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

ABSTRACT

Through ANC, various information and education related to pregnancy and childbirth preparation can be provided to mothers as early as possible. ANC service is a program provided to pregnant women as a form of preventive service for disorders during pregnancy and also functions as an early detection of health problems experienced by pregnant women. Objective: This research is to evaluate the antenatal care service program in Tojo Una-una Regency based on Input, Process and Output. Method: This type of research uses a qualitative research design through in-depth interview techniques and document reviews. Determining informants using purposive sampling technique, numbering 11 informants. Data were collected through triangulation techniques, namely in-depth interviews, observation and documentation using interview guides. Results: research shows that the input to the antenatal care service program in terms of funding used for the ANC service program is still insufficient where the funds come from APBN funds in the form of non-physical DAK, BOK and BPJS funds, apart from that the availability of human resources is still inadequate. Some community health centers still feel inadequate because they have a large working area, making it difficult to carry out activities in the field or at the community health center because the village midwife, who is supposed to only work at the village health post, has concurrent duties at the community health center. In the process component, the community health center has implemented the antenatal care service program in accordance with the plan, although there are still several obstacles such as funding problems during the activity, problems with supervision being carried out by the health service only once a year and while the output is achieving coverage of the antenatal care service program in The Tojo Una Regency Health Service still has not met the target coverage that has been set due to the lack of optimal input and processes in the antenatal care service program system both at the health service and at the community health center. Conclusion: The evaluation at the Tojo Una-una District Health Service in 2023 is still not going well because the input is still inadequate, the process is still not carried out optimally so that the output to achieve program coverage still does not meet the target coverage that has been set.

Keywords: Program Evaluation, Antenatal Care Services, Health Service.

INTRODUCTION

Maternal mortality remains a public health problem in low- and middle-income countries. Indeed, WHO found that health complications such as bleeding during pregnancy or childbirth, high blood pressure, obstructed labor, HIV, malaria, tuberculosis and puerperal sepsis accounted for a quarter of all maternal deaths. in sub-Saharan Africa However, the literature shows that many of these morbidities that can result in mortality can be prevented through quality care during pregnancy and delivery¹ The World Health Organization (WHO) recommends a core package of essential interventions for routine ANC to ensure better perinatal and maternal outcomes. Essential intervention packages can be tailored to different settings for countries to contextualize according to their needs and resource capacities²

One of the health problems currently facing Indonesia is the low level of public health. This is demonstrated by the still high maternal and child mortality rates, as well as the many indicators of inadequate maternal and child health (KIA) services³. Indonesia is one of the countries in the Association of Southeast

Asian Nations (ASEAN) that has a fairly high number of MMR. The high maternal mortality rate (MMR) in Indonesia has made the Government place efforts to reduce MMR as a priority program in health development, where this program is one of the Maternal and Child Health (KIA) Programs⁴.

Based on Indonesian statistical data, it shows that in 2022 the infant mortality rate will be 16.9/1000 KH estimates that in 2024, MMR in Indonesia will be 183/100,000 KH and in 2030 it will be 131/100,000 KH, which means it is still far from the global development opportunity target. This causes MMR and IMR in Indonesia to receive attention because health development based on the global Sustainable Development Goals (SDGs) target seeks to end the problem of maternal and infant mortality by 2030 as stated in the third goal, namely reducing MMR to 70 per 100,000 births. life and reduce IMR to 12 per 1,000 live births⁵.

The implementation of the MCH program in Central Sulawesi Province can be determined by looking at the level of public health based on the 2022 Central Sulawesi Province health profile data, the infant mortality rate is 5 per 1,000 live births and the average maternal mortality

Cite this article: Sartika D, Razak A, Arifin MA, Balqis, Kardi M, Jafar N. Evaluation of the Antenatal Care Service Program at the Tojo Una-Una District Health Office. Pharmacogn J. 2024;16(3): 615-623.

rate is 128 per 100,000 live births with The number of maternal deaths was 67 cases. The Maternal Mortality Rate (MMR) is not only influenced by the number of maternal deaths but is greatly influenced by the number of live births. Data on K4 ANC service coverage in 2020 was 90.5%. In 2021 it decreased to 78.2% and in 2022, ANC service coverage increased by 79%⁶.

One effort that is considered effective in reducing maternal and child morbidity and mortality rates is quality Antenatal Care services in the MCH program, through ANC various information and education related to pregnancy and childbirth preparation can be provided to mothers as early as possible⁷. Antenatal care services are a fundamental role and opportunity to offer care for prevention and early detection of maternal and fetal assistance, enabling the healthy development of the baby and reducing the risk of pregnant women⁸.

ANC is a general term used to describe the care provided to pregnant women during pregnancy until the birth of the child and is aimed at detecting existing problems and those that may develop during pregnancy⁹. To influence the pregnant woman and/or her unborn child ANC includes a variety of screening tests, diagnostic procedures and prophylactic treatments, some of which are carried out routinely, and others are given to the pregnant mother based on identified problems and risk factors. In addition, antenatal care focuses on improving 'access' to care' and 'quality of care'¹⁰. Antenatal services also aim to monitor possible pregnancy risks, plan optimal treatment for high-risk pregnancies, and reduce maternal and infant morbidity and mortality. in the perinatal period¹¹.

Antenatal care (ANC) visits consist of high-impact implantation with the potential to prevent and reduce maternal and perinatal morbidity, and perinatal mortality. The World Health Organization (WHO) recommends that every pregnant woman have a minimum of four ANC visits, with the first ANC visit in the first trimester of pregnancy to ensure optimal care during pregnancy¹². and recently recommended that pregnant women should receive a minimum of eight antenatal visits, starting at 12 weeks of pregnancy. Early antenatal care screening is important in identifying pregnancy-related complications and provides opportunities for health knowledge and promotion¹³

Based on data from the Tojo Una-una District Health Service, the maternal and child mortality rate in 2022 is 162/100,000 live births and the infant mortality rate (IMR) is 9/1000 live births. K4 ANC service coverage data in 2020 is 70.3% of the SPM target of 85%. In 2021 it has increased by 74% from the SPM target of 100% and in 2022 ANC service coverage is 69.8% of the SPM target of 100%. Based on SPM Achievement indicators This shows that Antenatal care coverage data still does not meet the standards from year to year based on the SPM and targets that have been set¹⁴.

The Regional Government of Tojo Una-una Regency monitors and follows up on regional authority in developing regional potential. One of them is by improving health services in all community health centers in Tojo Una-una district to improve the level of public health. The Community Health Center's Integrated Recording and Reporting System (SP2TP) must also be improved to achieve the Minimum Achievement Standard (SPM) target.

Therefore, to achieve the Minimum Achievement Standards (SPM) target in the Tojo Una-una district area, improvements are also needed in the Antenatal care Service Program system at the Community Health Center, both in terms of services and recording and reporting systems, as well as improvements to any problematic information. faced at the Community Health Center as a first level health service.

To realize this, this can be achieved through optimal health services¹⁵. A program implementation cannot run well if it is not supported by the distribution of human resources (HR), namely health workers, especially midwives, which is not evenly distributed, the distribution of health infrastructure is inadequate and the support of budget allocations is insufficient in supporting health service activity programs. mother and child, causing the implementation of the Antenatal Care Service Program to not run optimally¹⁶. Health financing in Indonesia still has many problems, apart from the relatively small amount of funding in the health sector, use and allocation have not been carried out effectively and efficiently. This situation can be exacerbated by delays in disbursement of funds, which usually have an impact on achieving the program targets.¹⁷

Based on the explanation above, one effort to find out the problem of implementing a program can be done by evaluating the program, during the implementation process or at the end of implementation. With evaluation, you can find out the obstacles that prevent you from achieving the set goals optimally. An approach to evaluating the Antenatal Care Service Program to increase the achievement of program coverage can be carried out using a systems theory approach consisting of input, process and output¹⁸. This approach provides a comprehensive overview of things that must be maintained, improved and replaced to maximize efforts to increase coverage of maternal and child health services at the Tojo Una-una District Health Service. Qualitative methods were chosen in this research, because this research has never been carried out in the Tojo Una-una district area and other factors include the difficulty of obtaining accurate information and a lack of information sources. Therefore, researchers are interested in studying further regarding "Evaluation of the Antenatal Care Service Program at the Tojo Una-una District Health Service".

MATERIALS AND METHOD

This research uses qualitative research methods. Qualitative research is a type of descriptive research, where the researcher tries to understand a phenomenon or event by describing it in the form of words or text, not in numbers. This research places more emphasis on an in-depth understanding of the context, processes and meaning contained in the phenomena studied. The data sources used in this research were secondary data and primary data, there were 11 informants. Determining informants using purposive sampling technique. Data obtained from in-depth interviews using interview guidelines, observation and documentation.

RESULTS AND DISCUSSION

The results of this research were obtained through in-depth interviews using an interview guide, which aims to determine the evaluation of the antenatal care service program at the Tojo Una District Health Service. This evaluation is based on Input, Process and Output analysis.

1. Input

The first variable that influences the achievement of K4 coverage is input availability. Input availability is defined as the availability and functioning of resources for the implementation of Antenatal Care services, especially in achieving K4 coverage. Availability of input on the scope of implementation of Antenatal Care Services at the Tojo Una-una District Health Service and 3 Community Health Centers including human resources, funds, facilities and infrastructure.

a. Human Resources

Based on the results of in-depth interviews conducted by researchers with informants, information was obtained that the availability of health workers in the Tojo Una Regency area is still lacking and the

number of midwives available is still not evenly distributed in each community health center because there are community health centers that have large working areas. The availability of midwives is very necessary in implementing the antenatal care service program.

The availability of midwives at the East Ampana Community Health Center has been fulfilled, but some of them are still not enough, especially at the West Ampana Community Health Center and Ampana Tete Community Health Center which are in the mountainous and island areas which have quite large working areas. Apart from that, the West Ampana Community Health Center and the Ampana Tete Community Health Center are experiencing a shortage of human resources so that they find it difficult to carry out activities in the field or at the Community Health Center because the Village Midwife, who is supposed to only work at the Village Health Center, also has duties at the Community Health Center. The large number and types of work that must be carried out with limited human resources will cause a high workload for officers and cause officers to be unable to carry out antenatal care activities optimally, which will have an impact on patients who are undergoing pregnancy checks. If we look at their educational background, all midwives have met the qualities required in implementing the Integrated ANC program. The qualification in question is that all midwives are D3 Midwifery.

Based on the results of research conducted by researchers, it shows that the availability of health workers in the area is still lacking, and the distribution of midwives in health centers is not evenly distributed because some health centers have large working areas so that the program is still not running optimally and the coverage of the Antenatal care service program has not yet reached the target, which is desired due to inadequate human resources (HR). The availability of midwives is very important in implementing the antenatal care service program. At the East Ampana community health center, the availability of midwives is sufficient, but for the West Ampana community health center and the Ampana Tete community health center which have large working areas and are located in mountainous or island areas, there is still a lack of human resources. In addition, community health centers that lack human resources experience difficulties in providing services, both in the field and at the puskesmas, because the Village Midwife who is supposed to work at the village health post also works at the puskesmas. The large number of tasks that must be carried out with limited human resources causes a high workload for health officers, which can then affect their performance in providing services to pregnant women. Educationally, all midwives have met the qualifications required to implement the Antenatal Care (ANC) program, with a D3 Midwifery qualification. This is as regulated in Minister of Health Regulation No. 75 of 2014 concerning Community Health Centers which states that the minimum education level for midwives serving at Community Health Centers is D3 in midwifery.

This research is in line with research¹⁹ which states that based on the results of interviews and document reviews that have been carried out, it is known that the number of human resources in the KIA room is nine people. Nine KIA officers are responsible for providing several services including services outside the building, inside the building, and maternity services. Based on the number and tasks they have, informants from the Community Health Center said that the human resources they have are still lacking and additional human resources are needed in the MCH room. The high number and type of work that must be carried out with human resources that are still lacking will result in a high workload for officers, then the high workload that officers have will affect the performance of these officers. As mentioned by Hurrel in Dian (2008), officers' workload that is too heavy can cause job stress for officers. If officers experience work stress, of course the officers will not be able to carry out antenatal care activities properly, so this will have an impact on patients who are undergoing pregnancy

checks. The health workers at the community health center have met the standards for health workers according to the PONED capable health center guidebook, which states that the midwives at the health center must have five people with a minimum D3 education, while the number of midwives at the Baumata Community Health Center is 9 people with a D3 education.

This research is not in line with research²⁰. Based on the research results, the number of health workers in the KIA program at the Kabawo Community Health Center is quite good and optimal. There is a division of duties for each, where there is 1 midwife coordinating the KIA program and in each village there is 1 midwife who handles that village. Midwives have been given duties and responsibilities in accordance with the performance division prepared by the maternal and child health program officer. However, there are still 2 remote villages that do not have midwives. However, the midwife who handles the village is supervised by the KIA Program Coordinator midwife.

b. Funds

Every activity carried out either at the community health center or at the health service definitely requires funding. Based on the results of in-depth interviews conducted by researchers with informants consisting of several questions, it can be concluded that the source of funds for the antenatal care service program at the service and at the health center is obtained from the government through non-physical DAK (Special Allocation Funds) budgeted by the regional government in the form of BOK (Health Operational Assistance). Apart from that, community health centers also receive financing from patients who use health insurance owned by the community such as BPJS, JAMPERSAL (Maternity Guarantee). The funds provided to achieve the antenatal care service program at the Tojo Una Regency Health Service and Community Health Centers are still insufficient and not sufficient for ANC service needs because the funds obtained from the BOK are shared with other programs at the Community Health Centers such as Community Health, Nutrition, Immunization, Promkes, etc. and these funds are used by the Village Midwife to carry out home visits, so that the implementation of program activities is still not running optimally.

Based on the results of the research and document review carried out by researchers, it was found that the availability of funds was very helpful in increasing the coverage of the ANC service program, the funds used in the antenatal care service program of the Tojo Una District Health Service and Community Health Centers came from APBN funds (revenue budget state expenditure) through non-physical DAK or better known as BOK, apart from that, community health centers also receive financing from pregnant women who use health insurance such as BPJS, JAMPERSAL (Maternity Guarantee). The availability of funds provided is still inadequate for the ANC service program because the funding obtained from the BOK is still shared with other programs at the community health center and these funds are used by the Village Midwife to carry out home visits to pregnant women. Many of the main activities of the antenatal care service program that must be implemented, but not all activities can be carried out due to limited funds in budgeting. Financial support is very helpful in implementing program activities, so that the implementation of program activities is still not running optimally and the scope of achievement of the ANC program is still not able to reach the target.

Therefore, the ANC service program must be one of the priority programs at the community health center and funding for a service is the main thing that must always be considered so that the Antenatal care services provided to pregnant women will run optimally. With sufficient financial resources, it will have an impact on the quality of services provided by health services so that pregnant women will feel satisfied with the services provided. The implementation of a program or activity in an organization can run well if it is supported by sufficient

funding. Likewise, antenatal care services at Community Health Centers will be implemented well if supported by adequate funding²¹.

This is in line with research from²² which states that at the Rejo Sakti Community Health Center, Tulang Bawang Regency, the funds provided for the achievement of KIA programs are not sufficient, because the funds obtained from the APBN and APBD are shared with other programs in Community Health Centers such as P2M, Community Health, Nutrition, Immunization, Promkes, etc., so that the coverage of detecting pregnant women at high risk of complications is still far from the expected target. Therefore, it is hoped that the leadership of the Community Health Center will prioritize the KIA program compared to other programs, and motivate all its staff to carry out the MCH programs well and resolve the obstacles that exist in each village, so that the problems faced in the MCH program can be resolved, and can reduce infant and child mortality rates at the Rejo Sakti Building Community Health Center.

This is not in line with research²³ which states that there are no problems in financing the implementation of services at the Bungus Community Health Center. The source of funds for the implementation of Integrated Antenatal Services 10 is obtained from the government, namely from the APBD, BOK, from the community, namely through direct payments (fees for service) from the community which are then deposited into regional treasuries, and national health insurance.

c. Infrastructure

Based on the results of in-depth interviews conducted by researchers with informants consisting of several questions, it can be concluded that the supporting facilities and infrastructure in implementing the antenatal care service program at the community health center are complete and meet the standards required in the examination, where each midwife who handles the antenatal care service has have equipment for midwife examination kits and community health centers also have ultrasound and laboratories. However, there are still several obstacles, namely medicines which often run out of stock during service so officers have to prepare the medicines themselves and in the laboratory there are often empty HBs, urine because of the treasurer. goods are often slow in making requests to the health service, there are still no village health posts in several villages in the Tete Community Health Center and West Ampana Public Health Center areas so that village midwives carry out antenatal examination services in people's homes because there is no location for building service facilities. These obstacles are caused by a lack of The budget and location of the distance between pregnant women and the puskesmas is very far, thus hampering the smooth implementation of the ANC service program.

Based on the results of research carried out by researchers, information was obtained that the supporting infrastructure in the implementation of the antenatal care service program at the community health center was adequate and the community health center already had examination equipment such as ultrasound, laboratory, midwife kit, however, the value of the completeness and availability of the infrastructure was not yet possible. can be said to be complete because there are still several obstacles, namely medicines which are often out of stock and there are still frequent vacancies in the health center laboratories due to delays in procuring equipment and medicines needed for ANC services and there are no village health posts in several villages in the working area of the West Ampana Health Center and The Ampana Tete Community Health Center is still not in accordance with the standards of Minister of Health Decree No. 75 of 2014 and judging from the condition of the infrastructure, it is still suitable for use in the implementation of antenatal services. Meanwhile, some of the Community Health Centers in the Tojo Una Regency area are quite complete and meet the standards required in the inspection.

The existence of adequate facilities will certainly provide special motivation for Village Midwives who carry out examinations and for patients who receive examinations with these facilities. This is in accordance with Hamida H Siregar's research, that complete facilities and in accordance with established standards are expected to improve the quality of service. Resources are factors that are necessary for the implementation of a behavior. The available facilities should always be ready to use. To take action, complete facilities must be supported and must have been provided beforehand.

This research is in line with research²⁴ The Community Health Center is aware that there are no problems regarding the facilities currently owned by the East Ciputat Community Health Center. After conducting field observations, it was discovered that the facilities and equipment that the Community Health Center had to provide antenatal services were in accordance with the provisions made by the South Tangerang City Health Service which were included in the SOP, including: stethoscopes, blood pressure monitors, cloth meters, scales, upper arm circumference gauges. as well as a fetal stethoscope. However, there are still problems, some respondents said that the quality of the ultrasound at the Puskesmas is not that good. From the statements of the informants, both informants who were diligent in carrying out examinations and informants who were less careful in carrying out examinations, it was discovered that there was no influence from the facilities at the Community Health Center on pregnancy examination visits.

This research is not in line with Siti Solikhatusun's research. The existing facilities and infrastructure at the Purwoyoso Community Health Center are available, but are considered to be lacking and inadequate if we look at the increasingly high demands for SOPs. For its feasibility, it is considered suitable for use but there is no re-standardization of these tools. The existing obstacles are that the numbers are still insufficient and there are still some tools that are still not in accordance with the Ministry of Health No.75 of 2014²⁵

2. Process

a. Planning

Based on the results of in-depth interviews conducted by researchers with informants consisting of several questions, it can be concluded that planning for the antenatal care service program at the Tojo Una District Health Service and Community Health Centers is already in the SKPD Strategic Plan and Renja, and uses Minimum Service Standards (SPM) to determine achievements. ANC service program targets and in accordance with the Standard Operating Procedures (SOP) for Antenatal Care (ANC), the puskesmas has made an annual POA which is submitted to the health service and then implemented by the puskesmas in accordance with the POA that has been made.

Based on the results of research and document review carried out by researchers, information was obtained that planning in the health service and community health centers was already in the SKPD Strategic Plan and Renja which includes vision, mission, goals, strategies and policies as well as programs and activities that have been prepared in accordance with duties and functions. regional work units that are guided by the regional RPJM. The planning process is also guided by the Minimum Service Standards (SPM) indicators that have been set by the ministry in determining the target achievements of the ANC service program and are in accordance with the Antenatal Care Standard Operating Procedures (SOP).

The puskesmas has prepared an Annual Operational Plan (POA) which is then submitted to the health department, and implemented by the puskesmas in accordance with the plan. Planning for the antenatal care service program at the Community Health Center is carried out

annually, then re-planned every month based on report data submitted by each village midwife. The planning stage begins with data collection by each village midwife, which is then reported to the program Child Coordinator midwife to be discussed in LOKMIN (Mini Workshop) activities which are held every month, involving all village midwives. However, there are still obstacles in planning ANC service programs, where screening of pregnant women is not carried out optimally to find out whether pregnant women are at high risk or not at risk, so that recording and reporting are also not optimal. This happens because many pregnant women do not live in the village when they are pregnant, and there are also pregnant women who are inconsistent in carrying out regular pregnancy checks with the village midwife. Apart from that, the obstacle in activity planning and budget planning is that the funds allocated are still insufficient to fully support every activity of implementing ANC services at community health centers.

This research is in line with research²⁶ which states that the Kupang District Health Service and the Baumata Community Health Center both use Minimum Service Standards (SPM) to determine the target achievements of a program, including the maternal program for K4 services. Baumata Community Health Center uses K4 achievement targets set by the Kupang District Health Service based on minimum service standards. In preparing plans related to K4 services, a Proposed Activity Plan (RUK) is started, then included in the health center's Plan of Action (POA), and implemented by the health center in accordance with the POA that has been made. The time limit for planning a maternal health program is annual. Usually those involved in planning are all the midwives.

This research is also in line with research²⁷ which states that at the Kencong Community Health Center the planning made by the Village Midwife is reported every month to the Coordinating Midwife. However, the reporting is not routine every month but is sometimes reported every 3 months by the Village Midwife. The results of research related to planning are that there are differences between the Arjasa Health Center and Kencong Health Center regarding the planning process carried out. The Kencong Community Health Center is more structured with monthly planning carried out by the Village Midwife and reported to the Coordinating Midwife. At the Arjasa Community Health Center, planning is carried out only annually in midwife class activities which are attended and discussed together by all Village Midwives in the Arjasa area.

b. Organizing

Based on the results of in-depth interviews conducted by researchers with informants consisting of several questions, it can be concluded that the organization at the community health center has gone well, the duties and functions of the head of the community health center and the person in charge of the ANC service program both play an important role in the implementation of the program. The head of the community health center carries out decision making, supervision and is fully responsible for the program then for the person in charge of the program as the program implementer and person in charge of each activity and organizes the village midwife so that she can achieve targets. As well as coordinating between the village midwife, coordinator midwife or person in charge of the program and the head of the community health center if found. things that are deviant in the antenatal care service program at the community health center in the working area of the Tojo Una Regency Health Service. There are no obstacles in organizing the ANC service program because the person in charge of the program has coordinated with the midwives regarding the problems found so that they can be resolved and implemented well to achieve the targets set.

Based on the results of research conducted by researchers, information was obtained that the organization at the Tojo Una Regency Health

Service and the Community Health Center was running well, as indicated by the coordination between the organizational structure and the coordination that occurred in the field. The duties and functions of the head of the community health center and the person in charge of the ANC service program both play an important role in the implementation of the program. To achieve the desired target, the program holder at the community health center has coordinated and organized midwives in carrying out ANC service program activities in order to achieve the goals previously set. There are no obstacles in organizing the ANC service program, because the program manager has coordinated with the village midwife regarding problems that have occurred in the field so that these problems can be resolved and implemented well in order to achieve targets.

This research is in line with research²⁸ stating that the organization at the Gondosari district health center for the division of tasks carried out by the coordinating midwife to the implementing midwife was carried out verbally before the program was implemented. They are given the authority and responsibility to distribute invitations to pregnant women. Authority is the right to do something or order other people to do or not do something in order to achieve certain goals. Apart from that, it is said that individuals in the organization should be given delegated authority to carry out their responsibilities.

This research is not in line with research²⁹ which states that the process of organizing the KIA Program at the Kampili Community Health Center is determined based on the respective competencies or scientific disciplines possessed by health workers, where Bikor has an important role in determining the MCH service work team. . After that, it is formulated jointly based on the approval of each health worker and the decision of the head of the Community Health Center. Based on the results of observations made at the Kampili Community Health Center, the process of organizing the MCH program is generally the same as organizing other programs at the Community Health Center, which is determined based on the competencies possessed by each health worker, except that the Coordinating Midwife plays an active role in seeing the potential of its members. This division of tasks is carried out based on the agreement of the program holder, where the distribution of resources is formulated together and based on the decision of the head of the Community Health Center. The existence of a decision letter from the head of the Community Health Center regarding the division of employee duties, becomes a guideline for employees in carrying out the duties and responsibilities given to them.

c. Implementation

Based on the results of in-depth interviews conducted by researchers with informants consisting of several questions, it can be concluded that in the process of implementing the antenatal care program, it has been implemented in accordance with minimum service standards, the leadership or head of the community health center always provides motivation and guidance to midwives in carrying out antenatal services according to standards because of their responsibility. midwives can be seen from the results of their work and provide solutions to health workers if obstacles occur during program implementation. Puskesmas collaborates between cross-sectors and is used as a Puskesmas resource to obtain information and support the achievement of program targets implemented.

Based on the results of research that has been carried out, information was obtained that the implementation of the antenatal care program at the community health center has met the minimum service standards in service, the head of the community health center provides motivation and guidance in the process of implementing the antenatal care service program, by providing incentives it will make midwives feel more appreciated and will produce performance improvement. and provide solutions if problems occur during program implementation. The

Puskesmas carries out cross-sector collaboration which becomes a resource for the Puskesmas in achieving its program targets. midwives are asked to make home visits to pregnant women to provide antenatal care services and the Canting Injection Program also involves other sectors, especially the Office of Religious Affairs (KUA), to provide education to prospective brides regarding pregnancy issues so that they can carry out early pregnancy checks. (K1).

In the implementation of the Antenatal service program there are still several obstacles such as low awareness of pregnant women to have their pregnancies checked regularly at the community health center or village midwife, delays in pregnant women in carrying out examinations and limited funds which are not sufficient to support the implementation of the antenatal care program, so that the program is still not implemented. running optimally and service coverage does not reach the planned target.

This research is in line with research³⁰ which states that all midwives carry out antenatal services according to standards even though they have not been implemented optimally, especially in anamnesis and counseling because it takes quite a long time. Apart from that, there was a physical examination which was difficult to carry out due to the damaged equipment, namely examining Lila and the fetal heart rate using a digital device (portable Doppler). Then midwives also experience difficulties in recording and reporting antenatal care because there are many recording and reporting formats that must be filled in. In line with the results of research conducted by Mutiawati, it was stated that the provision of antenatal care (ANC) services for pregnant women at the Tuminting Community Health Center had been provided and carried out good checks by midwives at the Tuminting Community Health Center.

d. Supervision

Based on the results of in-depth interviews conducted by researchers with informants, it was stated that supervision of the antenatal care service program was carried out based on the existing schedule, to check the report data that had been received and then see what problems the midwives encountered while in the field. Likewise, the results of interviews from the community health center stated that it was true that the health service went directly to carry out monitoring and evaluation but only carried it out once a year or even rarely supervised the community health center because they only expected monthly recording and reporting reports on the antenatal care service program from the community health center, as well as There is no special team from the health service that has gone down to monitor the village health center and village health posts, only the community health center has carried out monitoring at the village health posts and village health posts. The supervision carried out by the Tojo Una Regency Health Service is to look at program developments, such as looking at data on the coverage of pregnant women at the Puskesmas and looking at various obstacles faced during the process of implementing the ANC service program at the Puskesmas.

The results of the research show that supervision carried out by the Tojo Una-una District Health Service is only carried out once a year by visiting the Community Health Center directly to carry out supervision. This activity aims to evaluate the report data that has been received and identify problems that may be faced by village midwives during implementation in the field. The Health Service only looks at the monthly recording and reporting reports of the antenatal care service program at the Puskesmas and there is no special team from the department that has gone down to monitor the pustu, poskesdes and polindes, there is only a team from the Puskesmas which carries out monitoring directly at the pustu, polindes and village health post. Supervision from the Tojo Una-Una District Health Service focuses on monitoring program progress, including looking at data on coverage

of pregnant women at the Community Health Center and identifying obstacles faced during the implementation of the ANC service program at the Community Health Center.

Supervision should be carried out at least twice a year, while the health service only carries it out once due to the limited budget for conducting supervision visits to each health center in the Tojo Una-Una District Health Service working area. This limitation results in the inability to provide corrective solutions or assistance for handling any problems that occur in the field that affect program achievements. The existence of these obstacles means that the supervision carried out is still not running well.

This research is in line with research³¹ which states that supervision is carried out by the Bantul District Health Service every 6 months by visiting the Community Health Center directly. What is carried out in monitoring activities by the Bantul District Health Service is to look at program developments, such as looking at data on the coverage of pregnant women at the Kasihan I Bantul Health Center and monitoring various obstacles faced during the process of implementing the Integrated ANC program at the Kasihan I Bantul Health Center.

This research is not in line with research³² Supervision, evaluation and guidance are needed in the Maternal Health Program to monitor and evaluate and guide the implementation of the Maternal Health Program. One form of supervision, evaluation and guidance carried out by the Solok District Health Service includes supervision visits. Supervision visits from the health service to the Puskesmas at least 2 times in 1 (one) month. This visit was in order to see the extent of the achievements of the program that had been implemented. The objectives of supervision include, among other things, to find out the extent of program achievements and how the recording and reporting has been carried out. Supervision, evaluation and guidance can also take the form of monitoring and evaluation meetings managed by the district/city health office, and are usually held once every 3 months.³²⁻³⁵ The aim includes discussing problems in implementing activities.

3. Output

Based on data obtained from research results, the achievement of K1 and K4 coverage of the antenatal care service program at the Tojo Una-una District Health Service in 2022 has still not reached the target, namely K1 at 88.5% and K4 at 69.8% and three health centers which consists of East Ampana with K1 coverage of 87.38% and K4 of 62.38%, West Ampana Community Health Center has K1 coverage of 83.17% and K4 of 76.4% and Ampana Tete Community Health Center has K1 coverage of 69.66% and K4 of 63.14% looking at the coverage data. More efforts need to be made to achieve the SPM target of 100%.

Based on the results of interviews conducted by researchers with informants, the achievement of coverage of the ANC service program still does not meet the target coverage, the low coverage is caused by several factors, namely that input is still not good due to lack of funding allocation for service needs, inadequate availability of human resources and distribution. The placement of human resources is still not evenly distributed, apart from that in the process component, the Community Health Center has implemented an antenatal care service program in accordance with the plan although there are still several obstacles such as funding problems when the activities take place, problems with supervision carried out by the Health Service only once a year apart from that. there is a special team from the Health Service which goes down to the pustu, poskesdes and polindes levels and the recording and reporting carried out by the Puskesmas is not optimal due to the lack of awareness of pregnant women in carrying out pregnancy checks from the start of pregnancy, inconsistent pregnant women in carrying out regular checks with midwives so that visit coverage is not optimal in achieving the Antenatal care service target.

The results of this research show that the scope of achievement of the antenatal care service program at the Tojo Una-una District Health Service does not meet the targets that have been set because it is influenced by various factors, including the input component, there are obstacles related to the availability of funds which are still insufficient to support implementation. Antenatal care service program, the number of human resources (HR) has met the target set by the Ministry of Health, but in some community health centers they still feel inadequate because they have a large working area, limited resources make it difficult to carry out ANC service activities well, There are midwives who also work at community health centers and village health posts due to the high number and type of work that must be carried out, not all of them are Civil Servants (PNS), but there are also honorary and volunteer workers, so that in terms of workload it is not balanced. Apart from that, even though the infrastructure already exists, some health centers still have shortages of medicines, equipment and there are no village health posts in several health centers so that fulfillment will be carried out in stages in accordance with the available budget allocation, as stated in the Special Allocation Fund (DAK) budget.) Physique.

CONCLUSION

Based on the results of the research that has been carried out, conclusions can be drawn regarding the evaluation of the antenatal care service program at the Tojo Una District Health Service in 2023 as follows:

Input Components

- a. Regarding the availability of funds for the antenatal care service program at the Health Service and the Tojo Una-una District Health Center, it is still insufficient to support each activity, this is because the funding obtained from (BOK) is still shared with other programs at the Community Health Center. These funds are also used by the Village Midwife to make home visits to pregnant women. Even though there are many main activities in the implementation of the ANC Program that should be carried out, not all activities can be realized due to limited budgets.
- b. Regarding human resources in the Tojo Una-Una District Health Service area, there is still a shortage of resources, and the distribution of human resources availability in each health center is not evenly distributed because several health centers such as the West Ampana and East Ampana health centers have large working areas. Apart from that, community health centers that lack human resources experience difficulties in carrying out ANC service activities, both in the field and at the community health center, because several Village Midwives have to carry out concurrent duties at the Community Health Center so that the large number of tasks that must be carried out with limited human resources causes a high workload for officers. , which can then influence their performance in providing services to pregnant women.
- c. Regarding supporting infrastructure in implementing the antenatal care service program at the community health center, it is sufficient, and the community health center is equipped with examination equipment such as ultrasound, laboratory and midwife kit. However, the completeness and availability of infrastructure cannot be said to be completely complete because there are still several obstacles such as frequent vacancies in laboratories, medicines which are often out of stock due to delays in procuring the necessary ANC services at the health service. And several villages in the working area of the puskesmas do not yet have village health posts so they do not meet the standards regulated by Minister of Health Decree No. 75 of 2014. And some of the puskesmas in the Tojo UnaUna Regency area are quite complete and meet the standards required for inspection.

Process Components

- a. Planning in the Health Service and community health centers is already in the SKPD Strategic Plan and Renja, which includes vision, mission, goals, strategies and policies. Programs and activities have also been designed in accordance with the tasks and functions of regional work units which are guided by the regional RPJM. This planning process is based on Minimum Service Standards (SPM) indicators to determine the achievement of ANC service program targets. Apart from that, this planning is in accordance with the Antenatal Care Standard Operating Procedures (SOP). Planning at the community health center to create a POA is carried out through a mini workshop at the community health center level.
- b. Organization at the Tojo Una-Una District Health Service and community health centers is running smoothly, marked by coordination both in the organizational structure and in the field. The duties and functions of the head of the community health center and the person in charge of the ANC service program play an important role in implementing the program. To achieve the desired target, the program holder at the community health center has coordinated and organized midwives to carry out ANC service program activities in accordance with previously determined objectives. There are no obstacles that occur in organizing the ANC service program, because the program manager has coordinated with the village midwife to handle field problems so that these problems can be resolved
- c. The implementation of the antenatal care service program at the community health center has met minimum service standards, with the head of the community health center providing motivation, guidance and solutions when problems occur during program implementation. Puskesmas collaborates across sectors to utilize resources to achieve program targets. However, the implementation of the antenatal care program still has several obstacles, namely low awareness of pregnant women to carry out regular check-ups at the community health center or village midwife, delays in pregnant women in carrying out check-ups from the start of pregnancy, and limited funds are still obstacles in supporting the antenatal care program. As a result, the program implemented has not run optimally
- d. Supervision carried out by the Tojo Una-Una District Health Service is only carried out once a year by direct visits to the Puskesmas to carry out supervision. There is no special team from the service that has come down to carry out monitoring at the pustu, poskesdes and polindes. There is only a team from the community health center monitoring.

Output

Achievement of coverage of the antenatal care service program at the Tojo Una District Health Service still does not meet the target coverage that has been set, the low coverage is caused by input which is still not good due to lack of funding allocation for the ANC service program, inadequate availability of human resources and distribution of placements. Human resources are still not evenly distributed, apart from that, the process component of the Community Health Center implements the MCH program in accordance with the plan, although there are still several obstacles such as funding problems when activities are taking place or obstacles related to supervision and supervision of activities so that the output cannot reach the target of Antenatal care services and input and processes are less than optimal. in the antenatal care service program system both at the health service and at the community health center

REFERENCES

- Hibusu L, Sumankuuro J, Gwelo NB, Akintola O. Pregnant women's satisfaction with the quality of antenatal care and the continued willingness to use health facility care in Lusaka district, Zambia. *BMC Pregnancy Childbirth*. 2024;24(1):1-16. doi:10.1186/s12884-023-06181-5
- Endehabtu BF, Tilahun B, Gelaye KA, Mengiste SA. Mapping the Role of Digital Health Interventions to Enhance Effective Coverage of Antenatal Care: A Scoping Review. *J Multidiscip Healthc*. 2024;17(January):71-82. doi:10.2147/JMDH.S438097
- Pitrianti. Analisis Program Pelayanan Kesehatan Pada Ibu Hamil Dan Melahirkan Dinas Kesehatan Rejang Lebong. *Jambi Med Journal"* Published online 2022:81-100. <https://online-journal.unja.ac.id/kedokteran/article/view/16813%0Ahttps://online-journal.unja.ac.id/kedokteran/article/download/16813/13388>
- Gusna E, Sulaini P, Bachtiar H. Analisis Cakupan Antenatal Care K4 Program Kesehatan Ibu dan Anak di Wilayah Kerja Dinas Kesehatan Kabupaten Padang Pariaman. *J Kesehat Andalas*. 2020;5(1):1-9. doi:10.25077/jka.v5i1.428
- Anisykurlillah. Evaluasi Pembangunan Kesehatan Dalam Upaya Penurunan Angka Kematian Ibu Dan Bayi Di Kabupaten Malang. *J Publichuo*. 2023;6(1):257-266. doi:10.35817/publichuo.v6i1.116
- Dinkes S. Profil kesehatan Provinsi Sulawesi tengah Tahun 2018. Published online 2018:1-222.
- Sharma E, Puthussery S, Tseng PC, Harden A, Li L. Development, acceptability and feasibility of a community-based intervention to increase timely initiation of antenatal care in an area of high ethnic diversity and low socio-economic status in the UK. *Midwifery*. 2023;126(August):103812. doi:10.1016/j.midw.2023.103812
- Dulá J, Chicumbe S, Martins M do RO. Determinants of pregnant women's satisfaction with interactions with health providers at antenatal consultation in primary health care in Southern Mozambique in 2021: a cross-sectional study. *BMC Pregnancy Childbirth*. 2024;24(1):1-12. doi:10.1186/s12884-024-06346-w
- Khan MN, Khanam SJ, Alam MB. Exploring the impact of preconception care and unintended pregnancy on access to antenatal healthcare services among Rohingya women: Insights from a cross-sectional survey. *J Migr Heal*. 2024;9(January):100213. doi:10.1016/j.jmh.2024.100213
- Ika Rahmadhani FH. Analisis Pelaksanaan Pelayanan Antenatal Care (Anc) Pada Ibu Hamil Di Puskesmas Candipuro Kabupaten Lumajang. 2020;1(4):553-563.
- Zuchro F, Zaman C, Suryanti D, Sartika T, Astuti P. Analisis Antenatal Care (Anc) Pada Ibu Hamil. *J Aisyiyah Med*. 2022;7(1):102-116. doi:10.36729/jam.v7i1.777
- Dandona R, Kumar GA, Majumder M, Akbar M, Prasad Dora SS, Dandona L. Poor coverage of quality-adjusted antenatal care services: a population-level assessment by visit and source of antenatal care services in Bihar state of India. *Lancet Reg Heal - Southeast Asia*. Published online 2023:100332. doi:10.1016/j.lansea.2023.100332
- Damis Y, Pramana BL, Ibrahim R, Andryani, Syamsuddin, Kurniawan F. Upaya Penurunan Angka Kematian Ibu dan Anak di Puskesmas Palangga Kabupaten Konawe Selatan dengan Menerapkan Program Ibu Bersalin di Puskesmas dengan Bidan Siaga. *Community Dev J*. 2023;4(3):2023.
- Dinkes Kabupaten Tojo Una-una. Profil Kesehatan Dinas Kesehatan Kabupaten Tojo Una-Una. 2022;(I).
- Jung B, Daurat A, De Jong A, et al. Rapid response team and hospital mortality in hospitalized patients. *Intensive Care Med*. 2016;42(4):494-504. doi:10.1007/s00134-016-4254-2
- Png ME, Yang M, Taylor-Phillips S, et al. Benefits and harms adopted by health economic assessments evaluating antenatal and newborn screening programmes in OECD countries: A systematic review of 336 articles and reports. *Soc Sci Med*. 2022;314(October):115428. doi:10.1016/j.socscimed.2022.115428
- Mirza AA. Evaluasi Implementasi Program Kesehatan Ibu dan Anak (KIA) di Indonesia. 2022;(December):1-7.
- Giles ML, Mason E, Muñoz FM, et al. Antenatal care service delivery and factors affecting effective tetanus vaccine coverage in low- and middle-income countries: Results of the Maternal Immunisation and Antenatal Care Situational analysis (MIACSA) project. *Vaccine*. 2020;38(33):5278-5285. doi:10.1016/j.vaccine.2020.05.025
- Hardani, Nur Hikmatul Auliya GCB, Helmina Andriani MS, et al. *Metode Penelitian Kualitatif&Kuantitatif*. Vol 53.; 2020.
- Herlin. Analisis Pelaksanaan Program Kesehatan Ibu Dan Anak Di Puskesmas Kabawo Kabupaten Muna Tahun 2020. 2020;1(4):171-183.
- Hesti Tri Wiyandani. Evaluasi Pelayanan Antenatal Care di Puskesmas Penawangan II Kabupaten Grobogan. *J Public Heal Res Dev*. Published online 2021.
- Arwanti. Evaluasi Program Kesehatan Ibu Dan Anak (Kia) Ibu Hamil Risiko Tinggi Komplikasi Di Puskesmas Gedung Rejo Sakti Kabupaten Tulang Bawang. 2018;3:228-234.
- Dessy E. Studi Kualitatif Analisis Implementasi Standar Pelayanan Antenatal Care 10 Terpadu Pada Ibu Hamil Di Puskesmas Bungus Kota Padang Tahun 2019. 2019;5(2):151-172.
- Ayirezang F. *Analisis Pelaksanaan Program Antenatal Care Di Puskesmas Ciputat Timur*. Vol 2020.; 2020.
- Solikhatun S. Analisis Pelaksanaan Program Antenatal Semarang. *Univ Negeri Semarang*. Published online 2020.
- Neneng. Kajian Pelaksanaan Pelayanan Cakupan K4 Di Puskesmas Baumata Tahun 2018. *Timorese J Public Heal*. 2019;1(3):124-133. doi:10.35508/tjph.v1i3.2139
- Wulandari A, Wigati PA, Sariatmi A. Analisis Pelayanan Antenatal dan Faktor – Faktor yang Berkaitan dengan Cakupan Pelayanan Antenatal oleh Bidan Desa Di Kabupaten Jember. *J Kesehat Masy*. 2017;5(1):14-23.
- Novitasari V. *Analisis Pelaksanaan Program Kelas Ibu Hamil Risiko Tinggi Di Puskesmas Gondosari Kabupaten Kudus*.; 2020.
- Azizah An. Gambaran Manajemen Pelaksanaan Program Kesehatan Ibu Dan Anak Di Puskesmas Kampili Kab. Gowa. 2020;2(1):2-6. <https://ejournal.undip.ac.id/index.php/jmki/article/view/10434>
- Titawiarti. Studi Tentang Pengelolaan Program Pelayanan Antenatal Care di Puskesmas Pasarwajo Kabupaten Buton Tahun 2020. *J Ilm Mhs Kesehat Masy*. 2020;3(1):1-10.
- Riauputri Raja Hirma DDRSNDMK. Analisis Pelaksanaan Program Antenatal Care (ANC) Terpadu sebagai Upaya Pencegahan Risiko Kekurangan Energi Kronis (KEK) pada Ibu Hamil di Puskesmas Kasihan I Bantul. *J Kesehat Masy*. 2020;1(1):1-12. http://eprints.uad.ac.id/15043/1/T1_1500029277_Naskah Publikasi.pdf
- Rauf, A. U., Mallongi, A., Lee, K., Daud, A., Hatta, M., Al Madhoun, W., & Astuti, R. D. P. (2021). Potentially toxic element levels in atmospheric particulates and health risk estimation around industrial areas of Maros, Indonesia. *Toxics*, 9(12), 328.
- Yulfira. Implementasi Program Kesehatan Ibu dalam Upaya Penurunan Angka Kematian Ibu dan Beberapa Permasalahannya (Studi Kasus di Kabupaten Solok , Provinsi Sumatera Barat). *J Kebijak Pambang*. 2018;13:39-48.

34. Napirah, M. R., Amiruddin, R., Palutturi, S., Syam, A., Mallongi, A., Nur, R., ... & Anshary, A. (2021). Implementing a Non-Smoking Regional Policy to Prohibit Childrens' Smoking Habits In Palu City, Indonesia: A Systematic Review. *Malaysian Journal of Medicine and Health Sciences (eISSN 2636-9346)*.
35. Hilda, Supriadi, Widiastuty HP, Arsyawina, Mallongi A. Development of Patient Safety Management Learning Model Based on Problem Based Learning Integrated Soft Skill Phcogj.com Higher Level Thinking for Health Students in Samarinda. *Pharmacogn J.* 2023;15(2): 418-423.

Cite this article: Sartika D, Razak A, Arifin MA, Balqis, Kardi M, Jafar N. Evaluation of the Antenatal Care Service Program at the Tojo Una-Una District Health Office. *Pharmacogn J.* 2024;16(3): 615-623.