

# CHAPTER I

## INTRODUCTION



### 1.1 Problems and Its Significance

The Infant Mortality Rate (IMR) in Indonesia is recorded at 58 deaths per 1000 live deaths. Child health is closely related to maternal health, particularly in relation to prenatal conditions, which account for over 40 percent of infant deaths in Indonesia. More than 20.000 women die each year in pregnancy or childbirth in Indonesia. The causes of high infant and child mortality are complex and interlocking. About 90 percent of infants in Indonesia have received complete immunization, and blindness due to vitamin A deficiency is now under control through the use of high potency vitamin A capsules. But low birth weight, child malnutrition, maternal and child anaemia, inadequate levels of early and exclusive breastfeeding and high prevalence of readily treatable diseases such as acute respiratory infections (ARI) and diarrhoea remain major problems.

Indonesia health development planning is geared towards improving the quality and accessibility of health services. The plan, under the MCH programme, focuses on the development of primary health care service provided by community health centers, integrated of village health posts and training programs to improve knowledge and skills for the provider of health services to solve problems. The policy includes an emphasis on the training program and placement of village level midwives in Maternal Child Health programme. To achieve the mission of Healthy Indonesia 2010, one of the strategies is professionalism or competency of health service providers.

According to the Law-22/1999, districts and municipalities are considered as autonomous areas accountable to the local regional people representative's assembly (regional parliament). The decentralization has placed new demands on district health services for administration, financial management, and health planning. Accordingly, the district health office has been proposed to assess the health needs such as health promotion, preventive, curative, rehabilitative and training programs of the district and budget requirements accurately and realistically, priorities activities in the budget proposed, raise more local resources without affecting the equity. Furthermore, district

has been exposed to potential sources of funding (government, private, and community) and thereafter obtains adequate funds to make use of the budget.

Southeast Sulawesi Province, one of 33 provinces in Indonesia, has 7 district and 2 municipalities. The total population of the province is 1,815,548 persons. The majority of the population reside in Kendari district and Buton district amounting about 810,030 people. The majority of the population in Southeast Sulawesi Province completed only primary school (65%). In contrast, there was only a small proportion of the population completing university education (3%). Southeast Sulawesi Province's economic base is not strong. The regional domestic bruto average raised 6% per year and agricultural sector is dominant. The average expenditure per capita is only Rp. 90,000 (\$ 11,25) per capita per month, mostly for food (70%).

The health development plan in Southeast Sulawesi was extended with medium to long term national health planning. In the most, the targets set to decrease maternal mortality rate from 450/100,000 live births to 300/100,000 live births, infant mortality rate from 70/1,000 live births to 50/1,000 and Low Birth Weight (to 10% of all births). About 250-woman die of pregnancy related complications each year. Recent surveys have shown high rates of undiagnosed and untreated reproductive tract infections in women (30– 60%). Infant Mortality (deaths between 0 and 12 months) and under five-year child mortality (deaths between 0 and 5 years) are high in Southeast Sulawesi Province compared to other provinces in Indonesia. The main causes are low birth weight, premature birth due to poor maternal nutrition and anemia, birth asphyxia due to poor care during childbirth, poor nutrition of children due to dietary inadequacies, childhood infections, including vaccine preventable infections (measles, whooping cough), pneumonia and diarrhoea illness.

With regard to health services, the Regional Government of Southeast Sulawesi has focused its efforts on reducing maternal mortality, with the Safe Motherhood initiative, and a national 'mother friendly movement' (MFM). In spite of the development of effective strategies, and the placement of village midwives (VM's) in all villages, the community members continue to be reluctant to use services provided. In addition, there is poor integration between services for maternity care, family planning, and reproductive tract/sexually transmitted infection prevention. So under decentralization, the local government should revise its policy to improve health

services. Meanwhile, the national government should also attempt the development of national policy according to the local needs. This policy needs to include human resource development programs, which enable village midwives to improve their knowledge and skills through competency based training (CBT) approach.

The regional Government of Southeast Sulawesi province conducts a series of vertical programs, which address these issues, including immunization program (EPI), control of respiratory diseases (ARI), control of diarrhoea diseases (CDD), and nutrition program. The Integrated health post (posyandu) plays an important role in integrating and delivering these services at village level. A program to integrate these activities as the Integrated Management of Childhood Illness (IMCI) has been developed by WHO, and the implementation of this program has commenced in Southeast Sulawesi Province.

One of the problems encountered maternal child health (MCH) delivery services in Southeast Sulawesi is that only small percentage of the deliveries attended by trained health personnel. Within the context of the Safe Motherhood Initiative, Indonesia has tried to increase the access of mothers to trained health workers (midwives), especially at the time of delivery. In Southeast Sulawesi there is a total of 1059 midwives located at the primary level, servicing for 2,100,222 head of population (a ratio of one to 1,983 head of population, which is still well under the national target, i.e. 1 to 4,000). Despite the increase in the number of midwives and women who had contact with the midwives for antenatal care, the traditional birth attendance (TBA) was still the preferred choice for delivery care.

Indonesia demographic and health survey (IDHS) 1997 shows that about 85 percent of all births in Southeast Sulawesi were delivered at home. Traditional birth attendants (TBA) were founded to have a very important role in delivery assistance. The ratio of midwives and population under the national aim, a finding which is consistent with the proportion of births taking place at home, is due to low skill and knowledge of midwives in communication and community entry. In addition, midwives also do not want to socialize with the communities in the village within the catchments area. Therefore there is barrier between midwives and people in the village

According to the four strategies, to achieve mission Healthy Indonesia 2010, Professionalism is one of the strategies. To achieve the national mission, regional government of Southeast Sulawesi province under decentralization has initiated development of health policy planning, and has promoted the improvement of professionalism of health service providers through training programmes. To determine what training programs appropriate to improve knowledge and skills of midwives, programmers has tried Competency Based Training (CBT) approach. The try-out, which was in the form of pilot project, was conducted in Buton district. Programmers also conducted training for need assessment (TNA) to find out the area that the Village midwife faced many cultural barriers. In addition, they also “competition” from older traditional birth attendants (TBA) that can limit her acceptance into a local community. This can inhibit her ability to provide services to these communities because poor knowledge and skills for midwives to provide health services in the villages (TNA,1998)

## **1.2 Research Questions**

This study tries to explore three main questions:

- 1). What are the cost for Competency Based Training (CBT) for midwives in Buton district and Conventional Training (CT) to midwives in Muna District, Southeast Sulawesi Province.
- 2) What are the effectiveness of Competency Based Training (CBT) for midwives in Buton district in comparison with the Conventional Training (CT) to midwives in Muna District, Southeast Sulawesi Province.
- 3) Which is more cost-effective for competent midwives at workplace between Competency Based Training (CBT) and Conventional Training (CT) to midwives.

## **1.3 Objectives**

### **a. General Objective**

The overall objective of this study is to compare cost effectiveness of Competency Based Training (CBT) between midwives at Buton district and Conventional Training (CT) midwives at Muna district, Southeast Sulawesi Province, Indonesia.

## **b. Specific Objectives**

- 1). To analyze how much the effectiveness of Competency Based Training (CBT) and Conventional Training (CT) for competent midwives at workplace in applying Competency Standard is, according to result assessment by trainers or programmers before and after training.
- 2). To calculate the operational cost of Competency Based Training (CBT) and Conventional Training (CT) for midwives.
- 3) To compare the cost effectiveness between Competency Based Training (CBT) and Conventional Training (CT) for midwives.

### **1.4 Scope and Limitation of the Study**

This is a case study about cost and effectiveness analysis of Competency Based Training (CBT) compared with Conventional Training (CT) for competent midwives in Buton and Muna District Southeast Sulawesi Province, Indonesia. Buton was selected, because this district is one of 7 districts in Southeast Sulawesi Province with a high population about 810,030 persons, low health status compared with other districts and pilot project of Competency Based Training (CBT). Muna district was selected because Conventional Training (CT) is still going on and is also quite similar to Buton District in geographical, social culture, health status terms, also both districts are located on the same island. In this study the operational cost of CBT and CT was calculated based on provider's perspective. Data of cost were gathered from budget requests prepared and cost expenditures.

To determine effectiveness of the two training methods, performance assessment of midwives prior to training by Training Need Analysis (TNA) and after training by assessment using check list based on competency standard at workplace was conducted. The results from these assessments were compiled analysed, to find out which training method in more effective. Moreover, for the Competency Based Training (CBT) cycle after the process in class, the trainers or programmers conduct assessment of midwives at their workplace and even if result is that the midwife is not competent, there is refresher training or on the job training until the midwife is competent. But in this study, this step was not included (Chapter 3, figure 3.1).

### **1.5 Possible Benefits**

- a) This study seeks to help service providers make proper use of scarce resources to know the cost and output levels between two training methods to achieve competent midwives in the workplace.
- b) Determination of cost effectiveness of two method of training (CBT and CT) can help regional policy makers decide how to improve future policies for effective management of resources allocation, utilization.
- c) This study can help regional policy makers to decision making on how to develop and maintain competent midwives with sustainable future budgeting.
- d) This study may be beneficial to identify which method of training is more cost effective for competent of midwives in the workplace.
- e) This study could be of some practical use as it can introduce ideas and information to policy makers of Ministry of Health, managers of Maternal and Child Health Care program and managers of Human Resources Development Division of Ministry of Health, to refer and operate more studies in order to apply the result of research into their works.