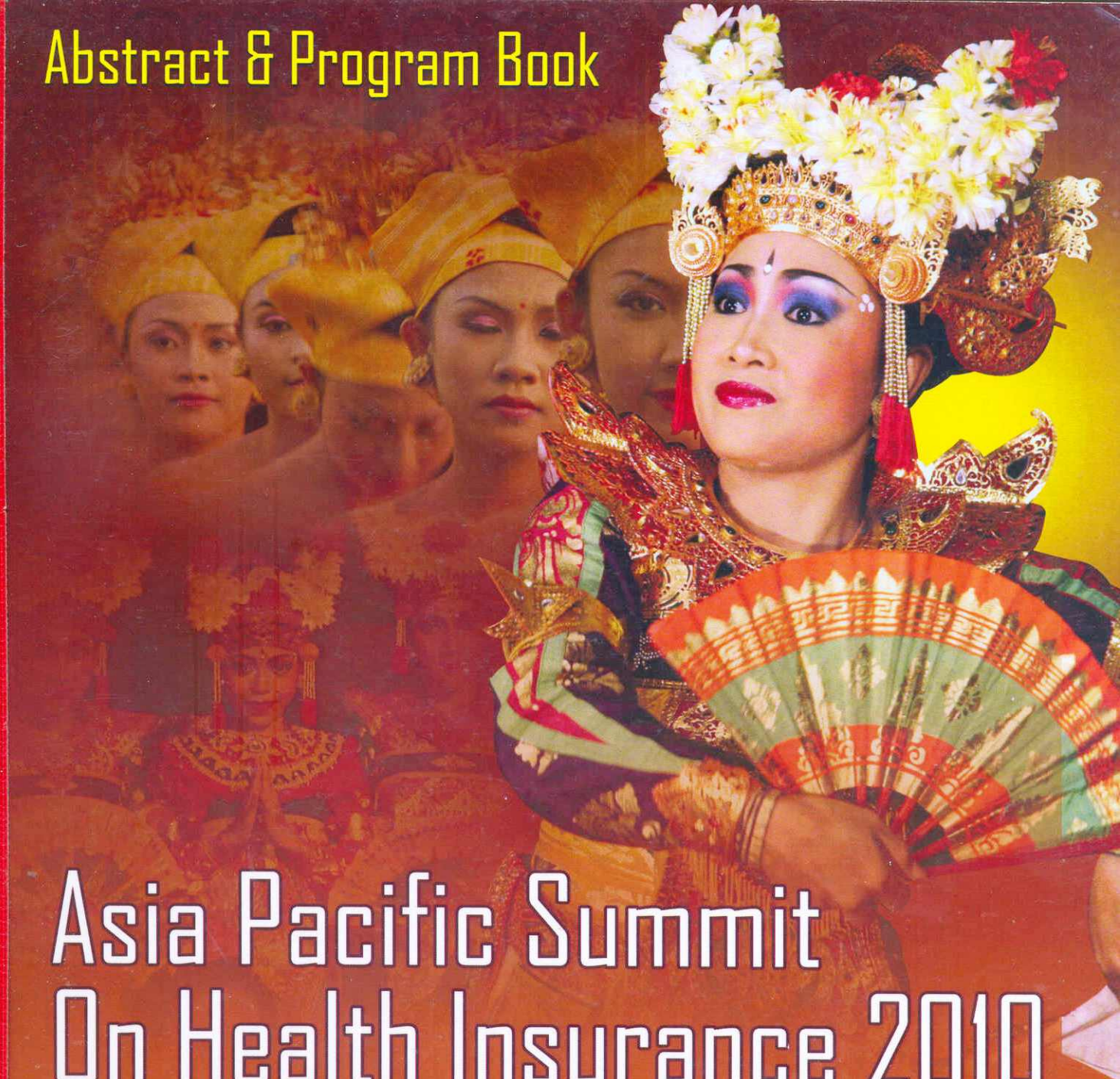
Abstract & Program Book



Asia Pacific Summit On Health Insurance 2010

Universal Coverage: Challenges and Opportunities

Sanur Paradise Plaza Hotel, Sanur - Bali
Indonesia, 20 - 22 October 2010

Hosted by :

PAMJAKI
PERHIMPUNAN AHLI MANAJEMEN
JAMINAN DAN ASURANSI KESEHATAN INDONESIA

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CASE STUDY IN MATERNITY MOTHER'S SAVING "TABUNGAN IBU BERSALIN (TABULIN)" AND DELIVERING MOTHER'S SOSIAL FUND "DANA SOSIAL IBU BERSALIN (DASOLIN)" IMPLEMENTATION IN "DESA SIAGA" PROGRAM AT GUNUNGSARI VILLAGE SUBANG DISTRICT 2009

Felix Kasim, Dwirianti A. Alma Lucyati

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[2] Health Minister Of West Java Provence

Indonesia has the highest Maternal Mortality Rate (MMR) among the countries in South East Asia. This condition shows that Indonesia still has low level of health and welfare. In Subang district, 50% of MMR was caused by lack of found, therefore it is important to find a solution to solve the problem. Gunungsari village has addressed such problems by "Tabulin" and "Dasolin" program which is included in "Desa Siaga" program. The method of this research was descriptive qualitative with case study design. The primary data was collected through in-depth interview assisted by interview guidance tools. Respondents were midwife coordinator, village cadre, chief of "Dasolin" program, financial coordinator of "Tabulin" and "Dasolin", the head of village, doctors in Puskesmas, the head of Puskesmas, and midwife village. The result of this research was that the program of "Tabulin" and "Dasolin" in Subang district had been done well. These can be seen from the awareness of community about the importance of "Tabulin" and "Dasolin" program so there were no problems in collecting the fund and there were no cases of maternal death by lack of fund. Hence, "Tabulin" and "Dasolin", as a part of "Desa Siaga" program, have contribute to reduced MMR by managing the community funds for labor.

Keyword: "Desa Siaga", Maternal Mortality Rate (MMR), "Tabulin", and "Dasolin"

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2. Minister of Health, West Java Provence Indonesia

ABSTRACT

Indonesia has the highest Maternal Mortality Rate (MMR) among the countries in South East Asia. This condition shows that Indonesia still has low level of health and welfare. In Subang district, 50% of MMR was caused by lack of found, therefore it is important to find a solution to solve the problem. Gunungsari village has addressed such problems by "Tabulin" and "Dasolin" program which is included in "Desa Siaga" program. The method of this research was descriptive qualitative with case study design. The primary data was collected through in-depth interview assisted by interview guidance tools. Respondents were midwife coordinator, village cadre, chief of "Dasolin" program, financial coordinator of "Tabulin" and "Dasolin", the head of village, doctors in Puskesmas, the head of Puskesmas, and midwife village. The result of this research was that the program of "Tabulin" and "Dasolin" in Subang district had been done well. These can be seen from the awareness of community about the importance of "Tabulin" and "Dasolin" program so there were no problems in collecting the fund and there were no cases of maternal death by lack of fund. Hence, "Tabulin" and "Dasolin", as a part of "Desa Siaga" program, have contribute to reduced MMR by managing the community funds for labor.

Keyword: "Desa Siaga", Maternal Mortality Rate (MMR), "Tabulin", and "Dasolin"

INTRODUCING

Maternal Mortality Rate (MMR) is amount of women death during pregnant or in 42 days after the pregnance termination without considering the place and how many time was it take, which causing of it pregnancy or it's management, and other causes, every 100.000 live birth(1).

This high mortality rate, especially maternal mortality rate, indicated community health level and also community welfare level. Higher maternal mortality rate means the

community welfare level of region or country is lower, which is connected with accessibility and service quality limitation for maternal mother and also sosio-economic factor of the community. The cause of maternal mortality consist of direct and indirect cuases. The direct causes comes from the mother health condition since pregnancy, laboring process, and after birth. The indirect causes consist of 3T, means "Terlambat" (late), late in decision, late to reach the reference place, and late to handled at reference stage. These three factors involved many things, in example ignorance of the laboring danger signs, gender inequality so the mother have no right to decided herself, where she want to the take the labor. The other indirect causes of maternal mortality is 4T, means "Terlalu" (too), too young for married, too old when pregnance, too often pregnance, too close between pregnancy. Maternal mortality also connected with problems of sosio-cultural, economic, tradition, community faith, woman status, and education, those factors correlated and the overcome is complex[(5)].

The Indonesian Maternal Mortality Rate cause of pregnancy and laboring (MMR) is the highest in South East Asia. In 2007, Maternal Mortality Rate in Indonesia was 248/100.000[(2)], its very high then other countries around, Vietnam 150/100.000, Malaysia 62/100.000, and Siangapore 14/100.000 live birth[(3)]. There was 228/100.000 live birth in West Java, according to data of West Java health profile in 2008. In Subang district Maternal Mortality Rate in 2007 was 55/100.000 live birth. Since 1998 there was not found maternal mortality rate in Gunungsari village. [(4)]

In 2005, according to Subang's health department report about maternal mortality in Subang, 50% of all caused of late in decided which one of the causes was there no cost to go to the reference place. In pursuance of "Visi Indonesia Sehat 2010", Health Department of Republic Indonesia aware that accomplishment of "Visi Indonesia Sehat" in the end must be very convergent to accomplishment of "Desa Sehat" as the base. In "Desa Siaga" program, where there is funding system in it which could resolve that problem. That fund can be take from community role, they are "Tabulin" and "Dasolin". "Tabulin" and "Dasolin" in Subang have been started since 1998, 22 sub-districts, 245 villages, and the most successful village in reducing the Maternal Mortality Rate is Gunungsari village, cause there is no maternal mortality since 1998.

The writers want to know how is the implementation, constraints, and expectations of "Tabulin" and "Dasolin" program as one of "Desa Siaga" program in Subang district according to implementator program.

RESEARCH METHOD

The research type is qualitative research with observational descriptive research approach through an evaluation study. Research design is Grounded Research. Used variables were “Tabulin”, “Dasolin”, implementation, constraints, and expectations.

Research subject was “Tabulin” and “Dasolin” program implementator which knows exactly how was this program implementate para 2009 periode, sample that used was taken with purposive sampling, that consist of the doctors of Puskesmas, the head of Puskesmas, village midwife, midwife coordinator, community leaders, financial coordinator of “Tabulin” and ”Dasolin”, chief of “Tabulin” and ”Dasolin”, and village cadres.

The used instrument in this research was in-depth interview guidance which consist of six questions, that was identity, “abulin” and “Dasolin” knowledge, implementation, constraints, and expectations. Other instruments was camera and tape recorder. Measuring method was using in-depth interview techniques.

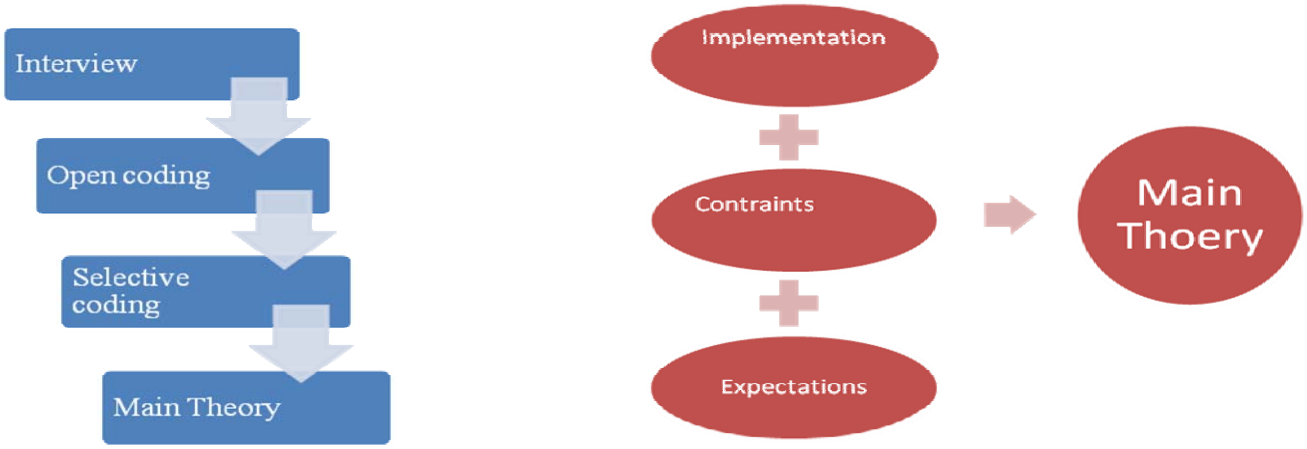
The work procedure was started with the writers composing in-depth interviews, then made research permits were filed in the district health office to obtained permission to do research, after that approached the officers and decided the time when for the interview, and then began the study with in-depth interviews, and conduct qualitative analysis, and conduct participative observation. After thet, drawed conclusions and suggestions.

Data of the interviews analysis using thematic analysis with quotation and metaphor through stages of open coding, selective coding, and finally build the main theory.

This research was taken in Gunungsari village, Subang district, in June-July 2009.

RESEARCH RESULTS

INTERVIEW ANALYSIS FLOW CHART



DISCUSSION

Maternity mother's saving "Tabungan Ibu Bersalin (TABULIN)" and "Dana Sosial Untuk Ibu Bersalin (DASOLIN)" in Subang, especially at this village already began since 1996, and it has been implementating well over this 12 years. Implementation of this program is preceded by the implementation of training for 3 days, then determination of the core after it was disseminated to the public. Levied by the cadres of the village midwife. Collection is usually done on the related activities in place, could 2 weeks or a month, or an active cadre do collection into homes of pregnant women. Well saved funds are recorded in books or midwife cadres and also the mother of books savers. Funds that are stored are usually stored in the treasurer at the village level. amount of funds that can not be determined well saved amount, because it is adjusted with the ability to save the mother. because the amount that is well saved adjusted for maternal ability of savers, so there was a possibility that is well saved funds are still not sufficient to pay labor costs.

From the interview coordinator for midwives, said "… to a pregnant mother, they estimate such as the costs required for delivery of about Rp 350,000.00 so during the 9-month pregnant woman should have that much money if not collected that much money it can borrow from LED is ... ", so in this village, has determined the price of Rp 350,000.00 birth by midwives and pregnant women if the Tabulin not reached that price, then got help from money Dasolin and LED.

In accordance with the research Marwan et all, 2009 which stated "this shows that people already have the awareness to raise funds independently through Tabulin-Dasolin and voluntary contributions to help mothers who need those funds." [(7)]

To Dasolin, "kader" as a collector to do the collection from house to house, but sometimes done in one place and simultaneously with the making of "beras raskin", for example at home Head of RT. Funds are provided based on a village meeting that is Rp 1.000,00/ KK (family heads) are collected every month. Dasolin is not only coming from the head of the family, but also from donations from companies, donations amounting to Rp 10.000,00 midwife, donations amounting to Rp 5.000,00 of AMIL, and of every celebration is held in place amounted to Rp 5.000,00 and 10 litre of rice, and from the parking fund.

Number of organizations that contribute to the financing are consistent with resource dependency theory, that is cooperation with various funding sources (private companies, parties, etc.) to overcome health problems, especially maternal maternity [(6)]. In this village there are also LEDs that Lumbung Economy Village, where the money will be united Dasolin

Tabulin and here, the LED is useful, such as savings and credit cooperative society, with people required to save at least Rp 5.000,00/ month.

This funding process in accordance with the theory that health care funding is divided into 4 function is revenue collection, fund pooling, purchasing, provision of health care [6].

The purpose of Tabulin-Dasolin is to reduce maternal mortality caused by delays decision was referred because she had no money, in this village had not obtained the mother's death, this can be seen from interviews with clinic physicians who stated "I as a physician clinic often receive referrals of pregnant women who have complications, which was immediately taken by the midwives here. I asked these mother had the money savings in the capital midwives, indeed according to my own indeed Tabulin program is excellent and very useful. rare pregnant woman who died here. "From the depth interviews with midwives as the “kader”," ... Alhamdulilah till now already 12 years Dasolin program is running and the community felt the benefits ...", which shows that the implementation of programs and Tabulin Dasolin running well and smoothly.

For socialization and counseling also has been frequently carried out, through a meeting of district events, “minggon desa”, meeting at the RT/ RW level, and health center, and also the government's approach to the village, district, until the stage of the RT-RW.

Previously, the biggest obstacle that comes from the attitude of the people who do not understand the true benefits of Tabulin Dasolin program-so treat the “kader” of collectors that collect or collect the money is not good, looks in-depth interviews with the collectors, ie "... friends of “kader” feel like a rich man beg ...", so many “kader” who felt hurt so reluctant to ask for money again. This is the trigger to hold mothers midwives provide motivation to each his “kader” to as patient and in charge of money-minded mothers and midwives as well as administrators and Tabulin obliged Dasolin come home and explain in detail about this program. As said by “kader” (respondent number 2) "... people are already aware of the importance of this Tabulin Dasolin activity, because the “kader” always provide guidance, counseling, or invite the public to contribute Rp 1.000,00/ month ...". Therefore, this program goes well and smoothly, because the role of village “kader” and community leaders who continue to socialize this program.

With this socialization, then the community as well as pregnant women will know and understand specifically prepared value among health care in protecting pregnant women and to overcome the delay. Another factor that complicates the nearly 75% of the population here are poor people and also work as farm laborers, it also adds the constraint that the dissemination of Tabulin and Dasolin program should be done at night.

This is consistent with research Marwan et all, 2009 which states that the purpose of “desa siaga” is to villagers realize a healthy, caring and responsive to health problems in the village, the main role lies in the “kader” [7].

The biggest hope is that this Tabulin program can run as it is considered to have a big benefits for society that is preventing or reducing maternal mortality due not referenced because of lack of funds. To realize the expected creation of cross-sectoral cooperation both from the district, village, until the religious leaders so that more people believe in Tabulin and Dasolin program.

Seen the expectations of respondents of 6 "... and also maybe help from local government namely Subang Health Department, to further promote the good of this program ...". And also expected Tabulin and Dasolin members to support this program so that all people can feel the benefits Tabulin Dasolin.

From interviews with community leaders as the village headman of the village, he said: "... I've seen almost all the villages and districts" You entered ALERT-HEALTHY VILLAGES "I like to ask community leaders, how this" what is meant by the “desa siaga”? "they also do not know. So this needs to be improved, because many villages do not know with some intended “DESA SIAGA” ...".

That’s way, looks great expectations that should “desa siaga” program is running correctly not only bears the name of the “desa siaga”, but also able to execute this program properly and the community can benefit.

From the results of this study concluded that:

1. Implementation of Tabulin and Dasolin program in Subang Regency Gunungsari village has been running smoothly for 12 years, this can be seen from the habit of setting aside public money and donated at Dasolin, as well as cooperation with local companies also help implement this program, so there was no case of maternal death due to decide late because of economic factors.
2. Perceived obstacles in the implementation of Tabulin Dasolin program no longer perceived by the “kader” since the continuous dissemination of this program, till people/ pregnant women had not difficult to save money or asked for donations to Dasolin.
3. The biggest hope is that Tabulin and Dasolin program can go on because it will provide a big benefits for the community, especially pregnant women and also supports of “Desa Siaga” programs, and healthy Indonesia 2010.

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