



## HEALTH SERVICE INNOVATION IN LEBAK DISTRICT

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### ABSTRACT

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The problem is still high Maternal Mortality Rate and Infant Mortality Rate both nationally and regionally. The local government is committed to being able to contribute to addressing the problem. One of the efforts made is to create innovations in health services. The Lebak Regency Government, especially the Bojongmanik Health Center, has innovations that have become excellent programs. The purpose of this study was to find out Jamilah's innovation at the Bojongmanik health center. The Jamilah program is an innovation that arises from by and for the community. The research used is the typology of Innovation by Mulgan and Albury in Khairul Muluk (2008: 44). This research is descriptive with a qualitative approach. The results showed that the Jamilah innovation program became a flagship program at the Bojongmanik health center, besides that it has been able to reduce the Maternal Mortality Rate and Infant Mortality Rate at the Bojongmanik Health Center. This Jamilah program is included in canal innovation. The service method of this program is directly carried out and becomes a new strategy in handling the problem of Maternal Mortality Rate and Infant Mortality Rate.

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**Keywords;** Innovation, Health Service

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### A. INTRODUCTION

Currently Indonesia is carrying out reforms in all fields of service, we know that the concept of bureaucratic reform also continues to be carried out, including the reform in the field of Education and the field of Health. Reforms in the health sector do need to be carried out to improve health services and make them more efficient, effective and affordable for all levels of society. The many difficulties felt by the community are what causes uneven health services. For this reason, it is hoped that public health center can be more responsive and sensitive to see and hear what is happening in the surrounding environment, so that people in remote areas can still feel good health services. Indonesia's target is to reduce the maternal mortality ratio to less than 70 per 100,000 births and by 2030, end preventable deaths in newborns and toddlers, with each country targeting to reduce neonatal deaths to less than 12 per 1000 births and under-five deaths to as low as 25 per 1000 births.

In accordance with the Strategic Plan of the Banten Provincial Health Office 2017-2022 in the implementation of health development in Banten Province, there are still several problems, namely: Public Health Status is still low, marked by high Infant Mortality Rate (AKB) and Maternal Mortality Rate (MMR). Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) are still a problem in Banten Province (MMR: 308/100,000 KH; AKB: 32/1,000 KH). The increase in MMR in Banten Province is due to the increasing number of high-risk pregnancies, the low level of early detection of the community and the lack of speed and accuracy of high-risk pregnancy referral decisions. Similarly, AKB is caused by asphyxia (shortness of breath at birth), babies born with low body weight (BBLR), neonatal infections, pneumonia, and malnutrition. The poor nutritional status of infants, among others, is caused by inaccurate parenting, especially exclusive breastfeeding. Banten province is certainly one of the regions that participates in supporting the agreed commitments related to ensuring a healthy life for all ages. This form of commitment is focused on being able to reduce the Infant Mortality Rate and Maternal Mortality Rate in each District and City.

**Table 1.1. Maternal Mortality Rate by District/City in Banten Province**

District/City	Year 2020 (%)
Pandeglang District	17.95
Lebak District	18.57
Tangerang District	12.14
Serang District	15.50
Tangerang City	11.26
Cilegon City	13.44
Serang City	12.59
Tangerang Selatan City	10.44
Banten Province	13.83

(Source : BPS Provinsi Banten, 2021)

Based on table 1.1. shows that the highest Maternal Mortality Rate according to Districts / Municipalities in Banten Province is Lebak Regency at 18.57%. While the lowest is South Tangerang City at 10.44%. This shows that in Lebak Regency there needs to be serious attention in handling the problem of Maternal Mortality Rate. In addition, the following is also data on the number of infant deaths in Banten Province.

**Table 1.2. Number of neonatal, infant, toddler and toddler deaths by district and/or city in banten province in 2019**

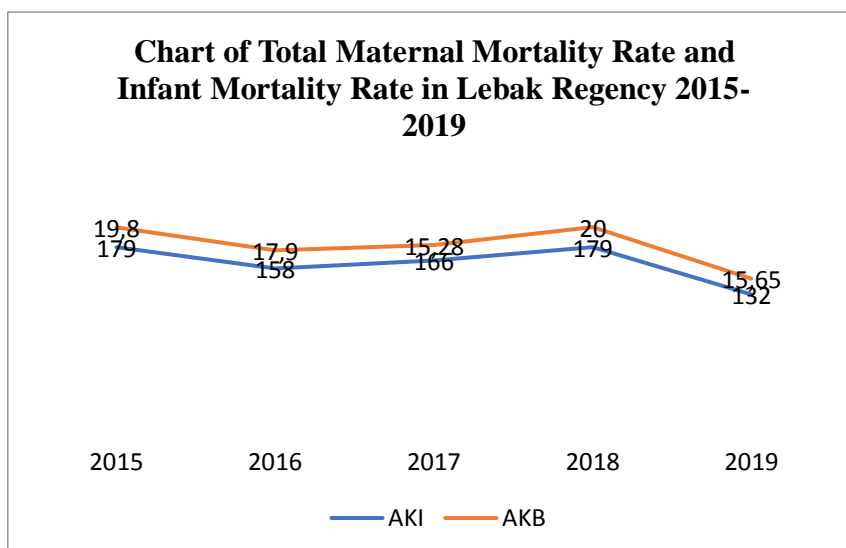
District/city	Neonatal	Infant	Child	Toddler
Lebak District	351	100	20	120
Pandeglang District	0	0	0	0
Serang District	172	228	14	242
Tangerang District	161	29	5	34
Tangerang City	38	49	35	84
Cilegon City	32	36	42	78
Serang City	49	60	2	62
South Tangerang City	0	0	0	0

(Source : Banten Province Health Profile, 2019)

Based on data from table 1.2. it shows that the number of neonatal deaths in Lebak District is the highest in Banten Province in 2019, which is 351 people. Where neonatal death means death that occurs in infants up to 28 days of age. In this case, it also shows that Lebak Regency needs a strategy in handling the number of infant deaths that are still high.

Lebak District, which is located in Banten province, certainly supports improvements in health services. Health services are one of the important factors in efforts to improve the quality of health of the population. The high and low performance of health services can be seen from the sharing of factors, such as maternal and infant health. Based on data, the Maternal Mortality Rate and Infant Mortality Rate in Lebak District are still high.

**Figure 1.**



(Souce : Lebak District Health Office, 2019)

Based on the data in figure 1. shows that the number of Maternal Mortality and Infant Mortality Rates is still fluctuating, in 2018 the highest number of Infant Mortality Rates reached 20 per 1000 live births, while for maternal mortality figures reached 179 per 100,000 live births the same number as in 2015. From these data, it can be seen that there are still high maternal mortality rates and infant mortality rates. It is necessary to pay attention to the strategy that is being handled for Lebak Regency.

Many efforts can be made in reducing maternal mortality and infant mortality, such as research conducted by Rogo, et al (2014) related to ICE (Intensive Community Empowerment) as a solution to prevent an increase in maternal mortality rate (MMR) as a pilot program in the Bangetayu Wetan Genuk sub district Village Area, Semarang City, with steps consisting of; Mapping Strategy, Intensive Counseling, and Empowerment of Maternity Shamans. An intensive effort to shape the community to be more empowered and independent in maintaining its health. ICE is an innovative program to reduce maternal mortality in Bangetayu Wetan Village, Genuk District, Semarang City. Similarly, research conducted by Arik, et al (2016) showed that efforts to reduce cases of Maternal Mortality and Infant Mortality Rates through the Alert Husband Breakthrough Program at the Gucialit Health Center, Lumajang Regency. This program aims to increase the knowledge, involvement and participation of husbands in maternal and newborn health services, with the hope of being able to emphasize the Maternal Mortality Rate and Infant Mortality Rate in the Gucialit region. Another innovation carried out in accordance with the results of research conducted by Mita, et al (2017) is the innovation of SAKINA (Stop Maternal and Child Mortality Rates) services at the Sempu Health Center, Sempu District, Banyuwangi Regency. This innovation was an idea from the Head of the Sempu Health Center which was then legalized through the Sub-district Decree Number: 445/143/KEP/429.519/2014.

Another innovation carried out as an effort to reduce maternal mortality and infant mortality rates according to the results of research conducted by Leli (2018) is through the "GERTAK KASI" program (Simultaneous Movement of Alert Families). Bades Health Centre, Pasirian District, Lumajang Regency is one of the local government agencies that innovates health services. The results of the study showed that the innovation of the Gertak Kasi program arose because of the high problems related to maternal and infant mortality, as well as the high problem of the birth rate of shamans

(Linkun) in Bades Village, so that the innovation of the program was considered to be in accordance with the needs of the community. Other results show that there are three innovation models of the Gertak Kasi program aimed at improving and providing optimal services to the community, namely through tubulin (savings for pregnant women), dasolin (maternity social funds) and Kuda Kencak innovations (I get deeds easily and quickly). Other innovation in Health services, namely the results of research from Situmorang, Yulianti, Faedlulloh (2021) with the title "Inovasi Health services through the Health Insurance Population Database System (SIBADAKJASA) in Bandar Lampung City. Explaining that the innovation activities carried out through SIBADAKJASA have succeeded in becoming a solution to the problems found in the implementation of the Free Health Service Program (P2KM), this innovation is an online information technology-based application system that utilizes population data on Disdukcapil as the main data in establishing a free health service program in Bandar Lampung City based on Identity Number (NIK). This previous research shows that the novelty of the research conducted by researchers is related to the name of the JAMILAH innovation in health service and its locus located at the Bojongmanik Health Center.

In Lebak District, there is also an innovation in health services to reduce maternal mortality and infant mortality, namely the JAMILAH (Pick-up between Problematic Pregnant Women) program. This innovation was initiated by the Bojongmanik Health Centre, which was motivated by data on cases of pregnant women who were detected at high risk in the Bojongmanik Inpatient Health Center area in the 1st trimester of 2017 as many as 81 cases and there was 1 maternal death. Before this innovation, there have also been activities carried out so far such as optimization of the P4K program, mother classes, counseling, home visits seem to have less impact on the targeted coverage. Bojongmanik Inpatient Health Centre is one of the Health Centre located in rural areas, where the majority of people are still in economically disadvantaged circles and have the most level of education for elementary school graduates. These two things will have an impact on the health status of the community, especially pregnant women and babies who need attention.

According typology of Innovation by Mulgan and Albury in Khairul Muluk (2008: 44) innovation in the public sector can be used to improve the quality of services and their impact on society, especially to overcome previous policies that did not show

satisfactory results. Innovation according to Rogers in Suwarno (2008:9) is an idea, practice, or object that is considered new by individuals one other unit of adoption. According to Sumarto (2009: 14), the definition of innovation is an effort to introduce something new, meaning new ideas, new methods, and new approaches, as well as efforts to find creative solutions in order to increase participation and improve governance performance.

### **1) Typology of innovation**

Typology of Innovation by Mulgan and Albury in Khairul Muluk (2008: 44) which aims to analyze how the form of innovation is on. namely, there is product or service innovation, which is then in the service there are processes, methods, policies and service systems :

a. Product or service Innovation based on changes in the form and design of the product or service.

b. Service process innovation comes from continuous quality updates and developments with organizational changes, procedures and policies needed in innovating. Service process innovation can be divided into two criteria, namely sustaining innovation and process innovation (discontinues innovation). Sustaining Innovation is an innovation process that brings new changes but still bases itself on the condition of services and systems that are running or existing products. Discontinues Innovation is a process of innovation that brings about completely new changes and is no longer based on pre-existing conditions.

c. Innovation of service methods is a new way of interacting in providing services to the community. Service methods can usually be felt when face to face, now it can develop using only digital technology.

d. Policy innovation refers to a new vision, mission, goals, and strategy.

e. System innovation is the development of system interaction that includes new ways or updated ways of interacting with other actors or it can be said to be changes in governance.

### **2) Innovation attributes**

Five kinds of innovation attributes according to Rogers in Suwarno (2008: 17) consist of :

a. Relative Advantage

b. Compatibilty

- c. Complexity
- d. Triability
- e. Observability

The definition of public services according to the Decree of the Minister of State Apparatus Empowerment Number 25 of 2004 in Pasolong (2011: 129) is all service activities carried out by public service providers as an effort to meet the needs of service recipients, as well as in the context of implementing the provisions of laws and regulations.

According to Lovely and Loomba in Eryando (2007:30), what is meant by health services is any effort that is organized or jointly in an organization to maintain and improve the health of individuals, groups, families, and or communities.

## **B. METHOD**

The type of research used is descriptive research with a qualitative approach. This research was conducted at the Bojongmanik Health Center, Lebak District. This study used primary data sources and secondary data sources with data collection techniques such as observation, interviews, and documentation. The data were analyzed using Miles and Huberman's analysis model which consisted of data collection, data reduction, data presentation, and verification. Test the validity of the data using triangulation techniques.

## **C. RESULT AND DISCUSSION**

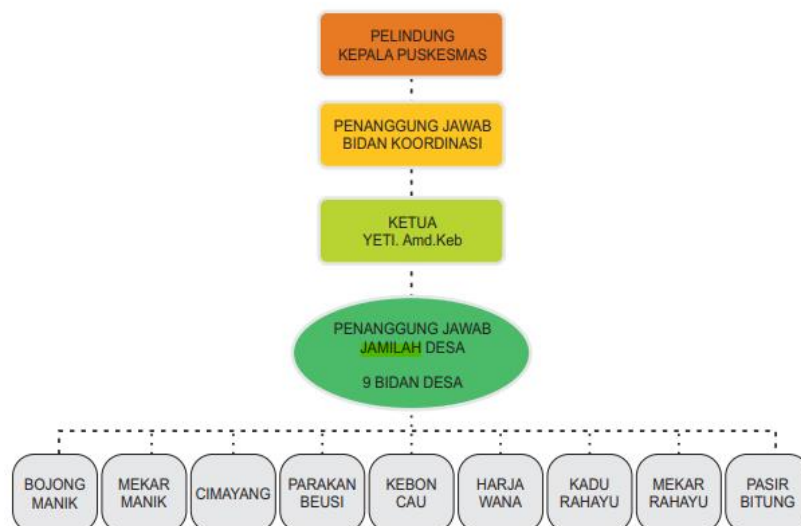
According typology of Innovation by Mulgan and Albury in Khairul Muluk (2008: 44) public sector innovation there is a typology consisting of: product or service innovation, processes, methods, policies and service systems.

### **1. Product or service innovation**

In Lebak Regency, there are products or services that are superior, one of which is called JAMILAH or Pick Up Between Problematic Pregnant Women. This product or service is an innovation program initiated by the Head of the Bojongmanik Health Center, mr. H. Halnawi. This program was formed on August 6, 2017. Until now, the program has become a flagship at the Bojongmanik Health Center and has even become one of the leading programs in Lebak District and Banten Province. The

JAMILAH program is a movement carried out from and for the community in helping and facilitating for problematic pregnant women to monitor the health of mothers and babies until the puerperium. It is hoped that this innovative idea can reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) until the tagline "zero maternal and infant mortality" appears. This innovation program involves the cooperation of several parties, namely the role of pregnant women, cadres, standby "ojeg", and Village Midwives. This innovation program is also backgrounded by the Results of the MCH Performance Evaluation in semester 1 of 2017, high-risk cases are still high, namely 81 cases, maternal deaths (2 people), there are still myths that develop in the community including not being allowed to be examined by midwives before the fetus moves, prohibited from taking daytime sleeps in pregnant women and puerperium, some pregnant women, do not check their pregnancy since the beginning of pregnancy, so many pregnant women who are at high risk of not being detected by pregnancy and what stands out is that there is a coverage of MCH indicators that do not reach the target (K1, K4, Linakes Faskes, KF and KN). This innovation program is one of the community-based health programs which is an initiative of the Bojongmanik Health Center in Lebak District. This program was first introduced in 2017 with the aim of reducing the mortality rate of mothers and newborns by strengthening the involvement between pregnant women and Jamilah cadres, Jamilah motorcycle taxis and village midwives. Jamilah is a response to the high number of high-risk pregnant women in Bojongmanik sub district.

**Figure 2. Organisational Structure of JAMILAH Programme**



(Source : Public Health Center, 2019)



Based on Figure 2. shows that this innovation program has an organisational structure, so that the authority and hierarchy in running the JAMILAH innovation program is clear and directed. Each JAMILAH cadre consists of at least 2 representatives in each RW. For members of JAMILAH, anyone who is willing to join is free, there are no criteria whatsoever. Until 2020, the number of JAMILAH members is 60 people, from the beginning of the formation of this programme there were only 5 people.

In this service process innovation, there is a continuous and evolving quality update with organizational changes, procedures and policies needed in innovating. Service process innovation can be divided into two criteria, namely sustaining innovation and process innovation (discontinues innovation). The innovation of the JAMILAH program is included in the continuous innovation. Continuous innovation is an innovation process that brings new changes but still bases itself on the conditions of services and systems that are running or existing products. The existence of this innovation program provides maximum services to deal with pregnant women who are at high risk. Previously, there were activities for pregnant women such as the P4K program, mother classes, counseling. However, it was felt to have less impact in reducing maternal mortality and infant mortality rates. In Lebak District, there are actually 2 (two) innovations related to efforts to reduce maternal and infant mortality rates, namely UJAS (Undang, Jemput, Antar, Selamat) at Cijaku Health Centre and JAMILAH at Bojongmanik Health Centre. What distinguishes the two is that UJAS is more about involving cross-sectors such as police, TNI, Koramil. Meanwhile, JAMILAH is more about involving the community directly. All parties involved are from the community. That is the strength of JAMILAH because it comes from the community directly, so that the impact of this programme is more strongly felt and the community feels involved in every process.

a) Service process before the JAMILAH innovation programme

Before the innovation program, the service process for pregnant women at the Bojongmanik Health Centre was not running optimally, because there were still few pregnant women who wanted to check their pregnancies at the health centre, even the birth process was still mostly with traditional healers. Many pregnant women are still afraid of visiting a midwife or health centre to check their condition every month.

They still believe that giving birth at home with a traditional healer would be better than going to the Health Centre or to a midwife.

b) Service process after the JAMILAH innovation programme

After the existence of this innovation program, the service process for pregnant women at the Bojongmanik Health Centre has been running effectively, in 2019 it was proven by the absence of deaths that occurred in pregnant women. This innovation program has also changed the mindset of the community, especially pregnant women, to want to give birth at the Health Centre and be assisted by a midwife. Traditional healers may be involved, but only in the post-birth process. Changing the mindset of the community is a challenge for Bojongmanik health centre. The efforts made by Jamilah cadres are to conduct periodic and routine socialisation to the community and always provide understanding in a relaxed manner not by force or patronising and with the language they use daily to pregnant women. Although the process is not short, it is now evident that many pregnant women already care and want to give birth at the Health Centre, and they can even say "do not give birth at home, now you have to go to the Health Centre, it will be handled properly" to pregnant women who still give birth at home.

**Figure 3. Success of JAMILAH Innovation Programme**

INDIKATOR	2017	SEMESTER 1 2018	STATUS
K1	82,39 %	40,8%	Meningkat
K4	68,22 %	38%	Meningkat
Linakes	75,60 %	43.8 %	Meningkat
Linakes Faskes	61,80 %	34.8%	Meningkat
KN1	102,4 %	58.5%	Meningkat
KNL	101,8 %	51%	Meningkat
PK	99,8 %	86,79%	Meningkat
PKN	87.9 %	66,20%	Meningkat
Kunjungan Bayi	98,7 %	45,97%	Meningkat
Pelayanan Balita	55,4 %	37,9%	Meningkat
Kematian Ibu	2	1	Tetap
Kematian Bayi	9	2	

(Source : Lebak District Health Office, 2019)

Based on Figure 3. shows that several indicators of success after the JAMILAH innovation programme was implemented at the Bojongmanik Health Centre, seen from these indicators show that there was an increase from 2017 to the first semester of 2018. This is also all due to the cooperation of JAMILAH cadres, where these cadres initially only handled the problems of pregnant women, but now all health complaints in the community can report to JAMILAH cadres, because the community feels helped by the presence of these cadres in each village representative. The community feels it is easier to get information related to the health problems they experience.

c) Service method innovation

Judging from the new way of interacting in providing services to the community. The JAMILAH innovation programme uses more face to face or direct service methods. This method is more effective and efficient in handling pregnant women, as well as to provide understanding to the community to generate a desire from within without coercion to be able to give birth at the Health Centre. When this face to face method is carried out routinely and periodically by JAMILAH cadres and the Health Centre, it will have a faster impact on the pregnant woman. This method can also be in the form of direct consultation with cadres without feeling awkward to ask anything related to pregnancy problems faced and socialising to the community.

d) Policy innovation

Referring more to the new vision, mission, goals and strategies. Bojongmanik Health Centre has had a vision and mission from the beginning, one of which is to reduce the maternal mortality rate and infant mortality rate. Various strategies have been carried out by Bojongmanik Health Centre such as optimising the P4K programme, mother's classes, counselling. From the activities that have been carried out, but the impact is less significant, plus in 2017 there was 1 case of maternal death, and has not achieved the initial vision and mission of the Bojongmanik Health Centre. The JAMILAH innovation programme is a new strategy from Bojongmanik Health Centre to reduce the maternal mortality rate. Evidenced by the optimisation of the JAMILAH program in 2019 with the collaboration with USAID, there were no cases of maternal deaths that occurred at the Bojongmanik Health Centre.

e) Service system innovation

The development of system interactions that include new or updated ways of interacting with other actors or changes in governance. In this JAMILAH innovation

programme, it has changed the service system, before this innovation programme the community has not been directly involved in dealing with the problems of pregnant women, while after this innovation programme the community can be directly involved in helping to deal with the problems of pregnant women. It can be seen from the JAMILAH cadres consisting of housewives, then there are JAMILAH ojets consisting of local people, each RW has at least 2 representatives.

#### **D. CONCLUSION**

This JAMILAH innovation is in accordance with the innovation typology. The JAMILAH innovation is a flagship programme of the Bojongmanik Health Centre in Lebak District that can reduce maternal and infant mortality rates. In addition, in 2019 there were 0 cases that could reduce maternal and infant mortality rates at the Bojongmanik Health Centre. The JAMILAH programme innovation is included in the sustaining innovation. The JAMILAH innovation programme uses more face to face or direct service methods. The JAMILAH innovation program is a new strategy from Bojongmanik Health Centre to reduce the maternal mortality rate. The JAMILAH innovation programme has changed the service system before and after the programme.

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