DESCRIPTIVE STUDY ABOUT MATERNAL AND NEONATAL SURVIAL (GOLD) EXPANDING PROGRAMS IN KARAWANG DISTRICT HEALTH ENVIRONMENT

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ABSTRACK---The Maternal and Neonatal Survial Expanding Program (EMAS) is a collaboration program between the Government of Indonesia and the United States International Development Agency (USAID), which aims to reduce MMR and IMR in Indonesia by 25%. This study aims to determine the Evaluation of the Maternal and Neonatal Survial Expanding Program (EMAS) in the Karawang District Health Office. This research was conducted at the Karawang Health Office, the method used in this research was analytical descriptive which is a research to describe and analyze existing problems and included in the type of library research that will be presented descriptively. The results of this study explain that the implementation of the EMAS program has improved the quality of basic essential obstetric and neonatal services (PONED) and comprehensive essential obstetric and neonatal services (PONEK) by ensuring priority medical interventions that have a large impact on reducing mortality implemented in hospitals and health centers and increasing effectiveness and the efficiency of the referral system between Puskesmas and Hospitals The final result to be achieved from the EMAS Program is a decrease in maternal mortality rate (MMR) and infant mortality rate (IMR).

Keywords---GOLD PROGRAM, SIJARIEMAS KARAWANG, DEATH MOTHER AND BABY

I. PRELIMINARY

Health development is one of the efforts of the Indonesian government in national development to increase awareness, willingness and ability to live a healthy life for everyone in order to realize an optimal degree of public health. Health development is also one of the main efforts to improve the quality of human resources which in turn supports the acceleration of the achievement of national development goals. The expanding, maternal, and newborn survival (EMAS) program is a program of collaboration between the Government of Indonesia and the United States International Development Agency (USAID) donor agency, which aims to reduce maternal mortality rates (MMR) and infant mortality rates (IMR) in Indonesia.

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To achieve this target, the EMAS program will be implemented in provinces and districts with a large number of deaths, namely North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi, which in the first year will be implemented in 10 districts.
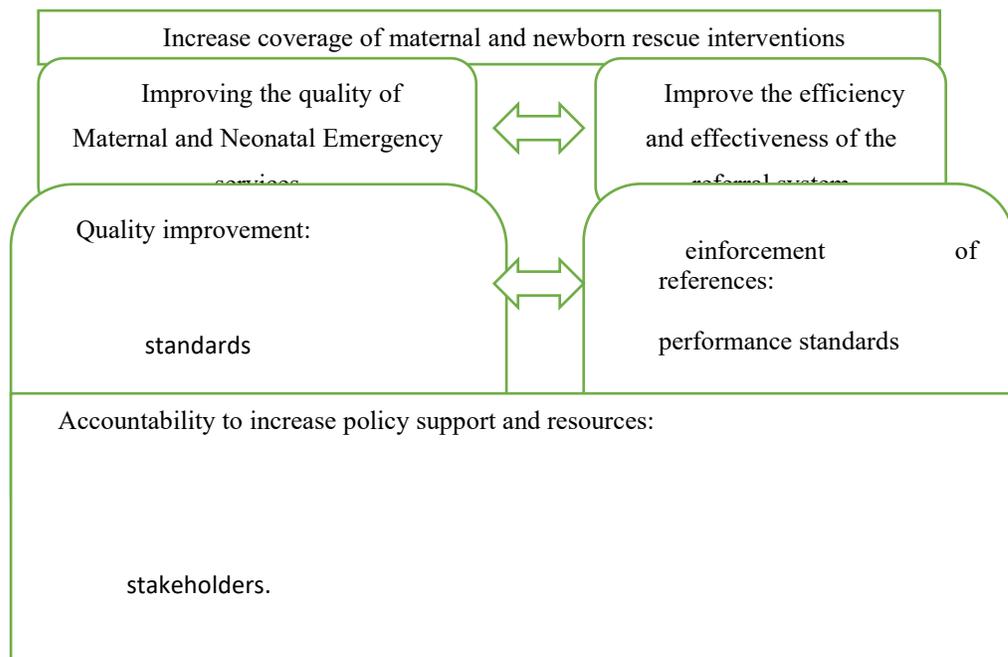
The Ministry of Health has developed a series of breakthrough models based on information and communication technology to improve the quality of maternal and infant emergency complications services and improve the efficiency and effectiveness of the referral system. Therefore, the Ministry of Health provides the latest breakthrough in handling cases of maternal and infant mortality by launching an EMAS (expanding, maternal, and newborn survival) program with an information system model developed including: information reinforcement and learning information systems (SIPPP), information systems the gate of public health service aspirations (SIGAPKU), and the maternal and neonatal emergency referral network information system (SIJARIEMAS). The aim is to describe the EMAS program and how it works so that it can provide benefits for the successful reduction of maternal safety and infant mortality.

II. LITERATURE REVIEW

A. CONCEPT OF COUPLE GOLD PROGRAMS

The EMAS Program Facilitation concept was made and agreed upon between the EMAS Program, USAID, the Indonesian Ministry of Health, the Provincial Health Office and related Professional Organizations. In its implementation the EMAS Program mentoring was carried out by 5 organizations that received the mandate, namely Jhpiego, Johns Hopkins University affiliation, Budi Glory Hospital, Muhammadiyah Islamic Organization, Save The Children and Research Triangle Institute (RTI). The 5 organizations, through staff working in the West Java Province EMAS Program, in collaboration with the Health Office of West Java Province, West Java Provincial Government, related Professional Organizations in West Java Province and other stakeholders who are members of the Coordinating Team to Rescue the Mother and Newborn Babies of the Province West Java (West Java Governor Decree no 441.8 / Kep.1076-Dinkes / 2014), chose a district with a high number of maternal and infant deaths, and had sufficient resources and a high commitment of local government, to serve as a pilot district to be get assistance from the EMAS program, one of which is Karawang District.

The EMAS Program Framework for assistance is as follows:

Increase coverage of maternal and newborn rescue interventions

Improving the quality of Maternal and Neonatal Emergency services

Improve the efficiency and effectiveness of the referral system

Quality improvement: standards

einforcement of references: performance standards

Accountability to increase policy support and resources:

stakeholders.

The application of this concept in the Karawang regency was carried out by all relevant staff in the Karawang regency health office, RSUD district in Karawang regency, private hospitals, selected PONED Community Health Center, Karawang regency government, civil society organizations incorporated in the Civil Society Forum (FMM).

Implementation of the assistance program was coordinated by the Karawang Regency Rescue Program for the Maternal and Newborn Rescue Program, in accordance with the Decree of the Regent of Karawang Regency no 441.8 / 138 / Kpts / Per-UU / 2014, concerning the Establishment of the Working Group for the Salvation of the Mother and Newborn Babies in the Karawang Regency.

The day-to-day activities are carried out with the assistance of the EMAS Program in West Java, through a mentoring process, one of the results of this activity is to get staff at relevant agencies who are able to become mentors and develop the achievement of activities in other health facilities in Karawang Regency and outside Karawang , resulting in a Health Facility that is ready to become a model for piloting, a Civil Society Forum (FMM) consisting of various relevant civil society organizations, and MCH Motivators in selected villages, as well as various related regulations in Karawang District and the Mother and Newborn Rescue Program Team of the District Karawang, which is ready to continue to "escort" and develop the Mother and Newborn Rescue Program in Karawang Regency.

B. The Mother and Newborn Rescue Coordination Team

The maternal and newborn coordination team is a team established through the decision of the Governor of West Java Number 441.8 / Kep.1076-Dinkes / 2014 About the Coordination Team for the Rescue of the Mother and Newborn Baby. The task is to coordinate efforts to save mothers and newborns with stakeholders and related institutions to direct the right policies and resource allocation for the reduction of MMR and IMR in Karawang Regency.

The fields that manage it are those that directly manage the process of monitoring the rescue of mothers and newborns. There is also a team of mentors who assist the movement of the rescue of mothers and newborns whose task is to provide technical assistance in organizing efforts to improve the quality of clinical services in health care facilities, provide technical assistance in efforts to improve the quality of effective and efficient referral systems, and provide assistance technical aspects in strengthening the implementation of accountability for health services.

The EMAS program companion in Karawang Regency is intended to develop a model of the rescue program for mothers and newborns, which will be used as a model for other districts / cities, especially in the development areas, namely Bogor, Karawang and Bandung.

The EMAS companion program in Karawang District began in 2013, and a development model for the rescue of mothers and newborns has been carried out covering 3 main components, namely:

1. Improving the quality of clinical services for emergency departments of mothers and newborns.
2. Strengthening an effective and efficient and fair referral system
3. Strengthening public service accountability in saving mothers and newborns.

III. RESEARCH METHODS

This study uses normative juridical methods, namely by studying or analyzing secondary data in the form of secondary legal materials by understanding the law as library research, namely research on secondary data. In accordance with the use of secondary data in this study, the data collection is done by collecting, reviewing, and systematically managing library materials and related documents.

IV. RESULTS AND DISCUSSION

Strengthening Maternal and Child Health Services and Referral Systems. Strengthening Maternal and Child Health Services in the EMAS Program Efforts made in the EMAS program are to improve the quality of obstetric and neonatal emergency services by ensuring priority medical interventions that have a large impact on reducing mortality and clinical governance (clinical governance) are implemented in hospitals and health centers.

Another effort in the EMAS program is to strengthen an efficient and effective referral system from primary health care facilities at the Puskesmas to the referral hospitals at the district / city level. (Ministry of Health, 2015).

Program SIJARIEMAS

1. Introduction

There are three types of communication media used at SIJARIEMAS, namely SMS (short message service), telephone and internet. These three communication media are used simultaneously in such a way as to achieve the effectiveness and efficiency of communication \Kin handling emergency cases of mothers and newborns.

2. EMAS Program Referral System:

a.   SIJARIEMAS (Maternal and Neonatal Referral Network Information and Communication System) is a reciprocal information and communication system using electronic short messages (SMS), telephone and / or internet between basic health service workers (Independent Practice Midwives, Midwives / Doctors of PONED Puskesmas, midwives / Non-PONED Puskesmas doctor, midwife maternity hospital).

b.   Health care workers are health facility staff who provide maternal and newborn health services. Officer

c.   Health services include Village Midwives, Puskesmas Midwives, Private Practice Midwives (BPS) and Private Practitioners (DPS).

d.   Hospital / Puskesmas Referral is a place of health service that is ready to provide 24-hour referral service for mothers and newborns, there are already 18 Karawang Hospitals and 46 Puskesmas that collaborate with the EMAS program.

e.   SIJARIEMAS Operators are staff at the Referral Hospital who are responsible and / or tasked with answering and managing referral information through SIJARIEMAS.

3. Objectives of the EMAS Program Referral System:

The implementation of communication to improve the accuracy of information, data completeness and accelerate the delivery of information on neonatal maternal emergency referral patients to referral hospitals for pregnant women and newborns.

4. Registration of health personnel data in the EMAS program

Before sending emergency and referral referral information through SIJARIEMAS, health personnel data must be registered in the SIJARIEMAS database first. To register health personnel data with SIJARIEMAS, there are two methods to choose from, namely Registration via SMS.

Registration of Health Workers Via SMS

Registration of health workers through SMS is done by using a cellphone owned by a health worker who will be registered. Example:

> **reg#Heni Lestari#Jl. Gerilya No. 23 Banjaran#Public healty center Banjaran#midwife village**

After the health worker sends the registration SMS, the relevant data is not automatically registered as a health worker in the SIJARIEMAS database. The data is awaiting verification from the relevant officials to check the truth of the data.

"Congratulations on being registered in the SMS Gateway health workforce database. PIN No: 5690 "

5. How to refer emergency patients in the EMAS program

Emergency patients are patients in critical conditions who need to be treated as soon as possible. After obtaining information about the patients to be referred, the information is conveyed to SIJARIEMAS to get a response from the IGD of the hospital in the network. Referral request information can be sent using SMS (Short Message Services), telephone, or the Internet / web.

Sending Emergency Reference Information by SMS

One way to send referral information to SIJARIEMAS is by SMS. This method is arguably the cheapest way. Terms for sending referral information to SIJARIEMAS via SMS with the format:

Text Format for Emergency Reference for Maternal Cases (Pregnant Women / Nivas)

> **r#code_praktek#name_mother#age#husband#asuransi#type_blood #tool_transportasi#diagnosa#action_before_referance**

Information:

a. r is a marker that the patients to be referred are pregnant women / nivas mothers (maternal cases)

b. code_practice filled in 1 if a health worker is a health worker who practices at a public health center / hospital, filled in 2 if a health worker is an independent practitioner

c. age in years is written in a round circle

d. insurance is filled with insurance used by patients. If not using insurance, write "-" (without the quotes).

e. blood type is written: A, AB, B, or 0. If the blood type is unknown, write "-" (without the quotes).

f. means of transportation filled with vehicles that will be used to carry patients, for example: ambulances, cars, rickshaws, motorbikes, etc.

g. the diagnosis is filled with the patient's diagnosis, as much as possible complete, but if it is too long it must be abbreviated

h. pre-referral action is written stabilization action or medical action that has been done to the patient before the patient is referred. As much as possible written in full, but if it is too long it must be abbreviated.

> **r#1#Maimunah#38#Amir#jampersal#O#ambulance_village#G3P2A1 TD: 180/100 PE#MgSO4+**

SMS replies like the following:

Your referral request has been received. If within 10 minutes there is no answer, please contact via telephone. REFERENCE ID: 641

Text Format Emergency Reference Neonatal Cases (Babies)

rb#code_praktik#name_mother_baby#age#name_husbnad_baby#asuransi
#type_blood#tool_transportasi#diagnosa#action before reference

Information:

a. rb is a marker that the patient to be referred is a baby (neonatal case)

b. code_practice filled in 1 if a health worker is a health worker who practices at a public health center / hospital, filled in 2 if a health worker is an independent practitioner

c. age in units of days is written in a round circle

d. insurance is filled with insurance used by patients. If not using insurance, write "-" (without the quotes).

e. blood type is written: A, AB, B, or 0. If the blood type is unknown, write "-" (without the quotes).

f. means of transportation filled with vehicles that will be used to carry patients, for example: ambulances, cars, rickshaws, motorbikes, etc.

g. the diagnosis is filled with the patient's diagnosis, as much as possible complete, but if it is too long it must be abbreviated

h. pre-referral action is written stabilization action or medical action that has been done to the patient before the patient is referred. As much as possible written in full, but if it is too long it must be abbreviated.

rb#1#Maimunah#2#Amir#jampersal#O#ambulance village#sepsis #take antibiotik

Getting a reply SMS as follows:

Your referral request has been received. If within 10 minutes there is no answer, please contact via telephone. REFERENCE ID: 642

❖ Sending Referral Information by Phone

Submission of referral request information to SIJARIEMAS can be done through telephone lines, both cable and mobile phones (mobile phones). After being connected and received by the Operator / Officer, you will be asked for the following information:

a. State your name and telephone number.

b. State the origin of the health center or the name of the primary health care facility where you are assigned

c. Information about referred patients includes:

1) Patient categories (mother or baby)

2) Patient's name

3) Age

4) Name of Patient Responsible

5) blood type

6) The means of transportation that will be used to carry patients

7) Diagnose the patient

8) Pre-action actions (stabilization) that have been taken

9) Insurance used.

After you submit the referral information by telephone, then you are just waiting for the notification to the hospital where the patient should be referred.

Confirmation of Patient Arrival at the Hospital

After the referral request that you send through SIJARIEMAS is received and answered by one of the referral hospitals, the SIJARIEMAS server will send an SMS to the referral sender's mobile phone number, as follows:

Promptly refer patient Siti Zulaikha to RSUD xxx, advise, Put O2 3 ltr Per minute kanul, Infuse NACL / RL 25 TPM, Maintain stability. Immediately confirm the return by typing kr # 641

If it is true that the patient Siti Zulaikha in the example above will be sent to the Hospital xxx, then notify the hospital emergency department by sending an SMS confirmation of arrival to the hospital with the format:

kr#id_reference

Information:

a. kr: keywords to confirm the arrival of patients to the hospital

b. Id : Referrals are provided automatically from the SIJARIEMAS server.

c. **kr#641**

Confirmation that patients who will be referred will come to the hospital can also be done by calling the SIJARIEMAS hotline at the referral destination hospital that is ready to receive by informing that patients with certain ID_RUJUKAN numbers will depart to the destination hospital that is ready to receive.
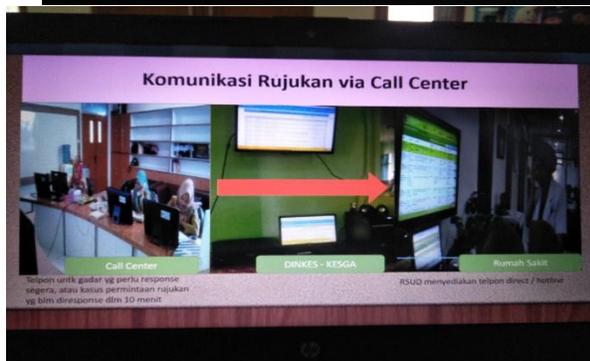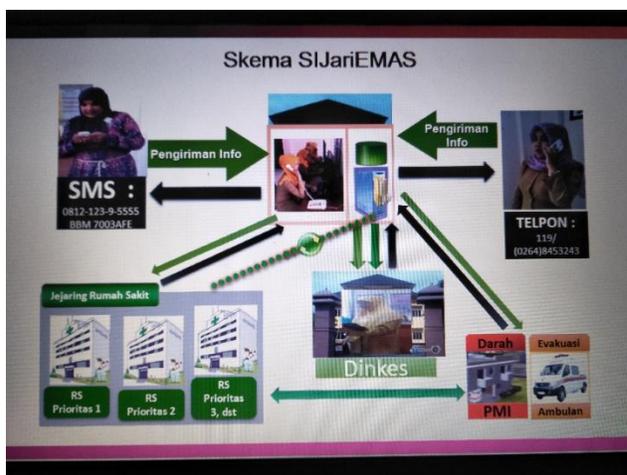
6. Achieving a decrease in MMR and IMR

With the large number of SijariEMAS Programs the number of AKI and AKB cases successfully collected, from September 2013-2017, the number of MMR successfully obtained was 40%, as many as 64 cases 2013-2016 to 30 cases 2017. For the number of AKB cases, 75% of 187 cases 2013 - 2016, it became 120 cases in 2017.

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