

## Original Research Article

# Readiness of the health department in maternal and child health service programs during the COVID-19 pandemic in Bolaang Mongondow Regency

Chreisy K. F. Mandagi<sup>1\*</sup>, Angela F. C. Kalesaran<sup>2</sup>, Maya E. W. Moningka<sup>3</sup>

<sup>1</sup>Department of Health Administration and Policy, Sam Ratulangi University, Manado, Indonesia

<sup>2</sup>Department of Epidemiology and Biostatistic, Sam Ratulangi University, Manado, Indonesia

<sup>3</sup>Department of Pharmacology, Sam Ratulangi University, Manado, Indonesia

**Received:** 17 February 2022

**Accepted:** 11 March 2022

### \*Correspondence:

Chreisy K. F. Mandagi,

E-mail: [mandagichreisy@unsrat.ac.id](mailto:mandagichreisy@unsrat.ac.id)

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

**Background:** The current COVID-19 pandemic poses a major challenge in efforts to improve the health status of the Indonesian people and has an impact on maternal and child health services, which can be seen from the decline in K1, K4 and infant care services in Bolaang Mongondow Regency. This is due to public and staff concerns about the transmission of COVID-19. In some areas, there were even temporary closures of health service facilities, especially in posyandu and puskesmas.

**Methods:** The research method used is qualitative through a case study at the Bolaang Mongondow district health office which was conducted through in-depth interviews using interview guidelines with 3 informants, namely the head of the health office as a key informant and 2 other informants namely the head of the family health sector and the head of the infectious disease control section then recorded. using a tape recorder.

**Results:** The results of this study are unclear regulations and SOPs from the health office in maternal and child health service programs, human resources are very minimal and facilities and facilities are not feasible at supporting health centers in remote villages so that the service program provided is less than optimal.

**Conclusions:** During the pandemic, some health facilities were closed and there were no services for MCH for a while. For services, it is directed to the designated health facility as a reference if there are complaints and are of an emergency nature. So there needs to be a policy for the sustainability of maternal and child health services during the pandemic.

**Keywords:** COVID-19, MCH Program, Readiness

## INTRODUCTION

The COVID-19 pandemic in Indonesia has the potential to hinder the access of mothers and children to optimal health services. When health systems are overwhelmed and health services become increasingly inaccessible to the public, both preventable and treatable direct and indirect deaths increase. Decision makers must make difficult choices to ensure that COVID-19 and other pressing public health problems will be addressed while minimizing risks for health workers who cannot be separated from health

services.<sup>2</sup> Data on COVID-19 cases in Bolaang Mongondow Regency as of February 7, 2021, which were declared positive were 251 people, 86 people were treated, 159 people recovered and 6 people died (North Sulawesi Government's COVID-19 monitoring website accessed on 7 February 2021). The COVID-19 pandemic has greatly affected various health service sectors carried out in Bolaang Mongondow Regency, especially in maternal and child health services. There has been a decrease in antenatal visits and deliveries by health workers in the last 10 months, such as the achievement of maternal health

services (K1, K4), where K1 services were only 50.9% and K4 only reached 30.9%. In addition, the examination of anemia in pregnant women has not reached 80%.<sup>1</sup> The service in April 2020 decreased from the previous months, and the case finding of pregnant women with anemia was found to be at most 7.49% in that month, while the monthly postpartum visit service decreased. This condition is due to the determination of the COVID-19 pandemic case in Indonesia, especially in Bolaang Mongondow Regency which affects health services for postpartum mothers. This condition is caused by fear of transmission in health facilities when receiving services, so that people refrain from going to health facilities. Various policies from the regents to the head of the health office as well as technical instructions for the implementation of health services during the COVID-19 pandemic issued by the ministry of health, guidelines for implementing growth monitoring at posyandu during the adaptation period for new habits and immunization services during the pandemic have been socialized to the public. Dengue hemorrhagic fever control efforts have been carried out by the Motoboi Kecil City Health Center, Kotamobagu, but what happens is that every year the people in the working area of the Motoboi Kecil Public Health Center, Kotamobagu city still experience dengue hemorrhagic fever.

The aim of the study was to get the illustration of behavioral health determinants for dengue fever control measures in Puskesmas Motoboi Kecil, Kotamobagu city.

## METHODS

This type of research is qualitative research to get an overview of the readiness of the health office in the maternal and child health service program during the COVID-19 pandemic in Bolaang Mongondow Regency. This research was conducted in April–November 2021. In this study, the data source used a purposive sample focused on selected informants who were closely related to the research topic as many as 3 people. The key informant in the study was the head of the health office, and 2 other informants, namely the head of the family health sector and the head of the control and eradication of infectious diseases at the Bolaang Mongondow health office. Data was collected through in-depth interviews using interview guides and voice recorders as well as observation. The collected data is processed and analyzed and presented in the form of a manuscript. The validity of the data was checked using a triangulation technique consisting of source triangulation and method triangulation. Statistical analysis was performed by univariate analysis consisting of descriptive tables of variable distribution.

## RESULTS

### *MCH program service policy*

The results of interviews with informants for regulations and policies, the answers from informants are as follows: "For the time being, during a pandemic, it is rare that there

are posyandu services at the puskesmas, but mobile midwives who go directly to homes that have been scheduled according to existing data" R1. "For maternal and child health services during the pandemic, there is no due to covid. But now services are provided according to schedule and are taken to homes by midwives" R2, R3. From the results of interviews with informants, it was found that during the pandemic some health facilities were closed and there were no services for MCH for a while. For services, it is directed to the designated health facility as a reference if there are complaints and are of an emergency nature. Regarding the implementation of restrictions on community activities, currently in Bolaang Mongondow Regency it is a yellow zone level 2. But previously Bolaang Mongondow was at level 4 due to insufficient testing and deaths caused by COVID-19 more than the national death rate.

### *Human resources*

The development of human resources in the MCH service program in Bolaang Mongondow Regency is supported by training supported by answers from informants as follows: "There is... Training for stunting. Indeed, now people can map out why the maternal mortality rate is high due to lack of resources. But this year, there are around 123 people recruiting staff, financed using the General allocation fund and the special allocation fund, there are around 6 billion. That's outside of Nusantara Sehat (NS) staff" R1. "For midwives there is a class for pregnant women in collaboration with the PMD (Village Community Empowerment) service, but now the pandemic will be reviewed..." R2. "Yes, we have a midwife recruit. If it is added to the existing NS of 25 people plus the new 8 people, the total is 33 people for this year..." R3.

From these answers, it can be seen that the situation in the field and based on the available data, health workers/midwives in this case are very lacking. For the availability of midwives from 200 villages there are more or less than half of the midwives in the village. so empowered cadres in the village. In determining the cadres, the health office cooperates with the PMD service (village community empowerment). These cadres are also given some knowledge and are often invited to meetings at the puskesmas and health offices related to the MCH program so that they can handle complaints in the field as long as the complaints are not emergency and require medical action. To overcome resource problems during this year's pandemic, the health department has recruited 123 health workers with a budget of approximately 6M from the DAU (general allocation fund) and DAK (special allocation fund). In addition, there are 33 NS (healthy archipelago) personnel. But with the presence of NS personnel, this becomes a challenge or obstacle because it closes the opportunity for local personnel/people because most of the NS personnel are from outside who are assigned to Bolaang Mongondow. Thus, to anticipate the number of health workers and to develop skilled workers,

the health office has planned several trainings for existing health workers and cadres.

**Sarana prasarana dan fasilitas penunjang**

In supporting the MCH program in terms of facilities, infrastructure and facilities are still very lacking. Here are the answers from the informants: "Next year, all the sub-health centers will be repaired. For example, in disadvantaged areas that are no longer feasible, such as in Palomang Village, midwives and nurses only go there once a week and do not stay.." R1. "For maternal and child health services during the pandemic there was no due to covid.. But now services are provided according to schedule and go to homes for those that have been scheduled" R2. "For equipment, midwives usually already know what will be prepared and go to the house of pregnant women before the schedule. they use the health office's Whatsapp social media for services for pregnant women or from the social media of the local health center" R3.

Seeing this answer, it is not feasible for supporting puskesmas and puskesmas facilities in hard-to-reach places. So, the health office has budgeted for the improvement of facilities so that it can allow midwives to live in the village to meet the needs of the MCH service

program. In addition, for the availability of vaccines, Bolaang Mongondow Regency is the district with the lowest achievement, which is 15% of all regencies/cities in North Sulawesi Province. The causes of the low coverage are: (a) the big target figure is 194,800 residents; (b) the distribution of vaccines is stagnating; (c) health workers who are exposed a lot, and; (d) too fixated on the circulars of the ministry and provincial offices.

**Univariate analysis**

Spread of COVID-19 cases in Bolaang Mongondow Regency. Distribution of COVID-19 in Bolaang Mongondow Regency in Figure 1.

**Case distribution analysis**

Distribution of COVID-19 cases in Bolaang Mongondow Regency. Map of the distribution of COVID-19 cases in Bolaang Mongondow Regency in Figure 2.

The description of the distribution of COVID-19 cases in Bolaang Mongondow Regency is shown in the image when accessed on 12 September 2021, namely 31 confirmed cases active/treated/self-isolated, 2 new cases, 44 died and as many as 708 cases recovered and there were 13 with confirmed cases (probable).



**Figure 1: Distribution of COVID-19 in Bolaang Mongondow Regency.**

Note: Source- <https://covid19.bolmongkab.go.id/> accessed 12 September 2021.



Figure 2: Map of the distribution of COVID-19 cases in Bolaang Mongondow Regency.

Note: Source- <https://covid19.bolmongkab.go.id/> accessed 12 September 2021.

## DISCUSSION

From the information obtained, it is known that during the pandemic period it is very difficult to provide health services, especially for maternal and child health service programs. So that a mobile midwife program was made directly to the homes of pregnant women by using a prior agreement through the official Whatsapp social media of the health service or local health center. As for health workers, where the health office strives to meet the needs of the community, there is still a lot of energy needed to fulfill these services, especially in remote areas and difficult to reach by both four-wheeled and two-wheeled vehicles. During the pandemic, the officers at the puskesmas immediately surveyed the location and immediately took service actions. If treatment is required, a referral will be made to a hospital designated as a referral center. The socialization of the health protocol certainly does not escape the services provided to break the chain of transmission of COVID-19 in Bolaang Mongondow Regency. The Health Service cooperates with the Village Community Empowerment Service in meeting the workforce needs by empowering existing village cadres with knowledge and training in providing services to maternal and child health programs. The program received support from the local community so that good cooperation and collaboration was established between the government and the community.

The limitation of this research was the lack of number of informants which of course does not describe the actual situation and also because of the pandemic conditions and situation.

## CONCLUSION

During the pandemic, several health facilities were closed and there were no MCH services for the time being. For services, it is directed to a health facility that is designated as a referral if there are complaints and emergencies. So there needs to be a policy for the continuity of maternal and child health services during the pandemic. The number of health workers/midwives is very minimal, so village cadres are empowered by the Village Community Empowerment Service (PMD). and made a proposal to add a midwife. For puskesmas facilities and supporting puskesmas in hard-to-reach places that are no longer feasible to be included in the budget for repairing puskesmas buildings and infrastructure

## ACKNOWLEDGEMENTS

This study was supported and funded by Research and Community Service Institute of Sam Ratulangi University.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

## REFERENCES

- NHM. Guidelines for Family Planning and Reproductive Health Services in a COVID-19 Pandemic Situation, 2020. Available at: <https://www.mohfw.gov.in/pdf/FinalguidelineProvisionofFPservicesduringandpostPandemic3converted>. Accessed on 10 February 2022.

2. Saputri NS, Anbarani MD, Toyamah N, Yumna A. Dampak Pandemi COVID-19 Pada Layanan Gizi Dan Kesehatan Ibu Dan Anak (KIA): Studi Kasus di lima wilayah di Indonesia. *Ikesma J Ilmu Kesehatan Masyarakat*. 2020;17(2).
3. Triwibowo C, Pusphandani ME. *Introduction to the Basics of Public Health Science*. Yogyakarta: Nuha Medika; 2013.
4. BKKBN. *The Role of Community Leaders in Gender Responsive Reproductive Health*. Gender Training Center and Women's Quality Improvement. Jakarta: Nat Pop Family Planning Agency. 2008.
5. North Sulawesi Provincial Health Office. *Health Profile of North Sulawesi Province 2016*. Manado: North Sulawesi Provincial Health Office; 2016.
6. London School of Hygiene and Tropical Medicine. *Health policy formulation in complex political emergencies and post-conflict countries*, 2002. Available at: <https://apps.who.int/disasters/repo/8678>. Accessed on 10 February 2022.
7. Buse K, May N, Walt G. *Making Health Policy. Understanding Public Health*. UK: McGraw Hill: 2005.
8. Cassels A. Health sector reform: key issues in less developed countries. *J Int Health Develop*. 1995;7(3):329-49.
9. Davies JK. Back to the Future? Prospects for healthy public policy. *Public Health Med*. 2005;3(2):62-6.
10. Ministry of Health. Decree of the Minister of Health number: 004/Menkes/SK/I/2003 concerning Decentralization Policies and Strategies in the Health Sector. 2003.
11. Frenk J. Dimensions of health system reform. *Health Policy*. 1994;27(1):19-34.
12. Gormley K. *Social policy and health care*. New York, NY: Churchill Livingstone; 1999.
13. Green J, Thorogood N. *Analysing health policy: sociological approaches*. New York, NY: Addison Wesley Longman; 1998.
14. Hunter DJ. Choosing or losing health? *J Epidemiol Community Health*. 2005;59(12):1010-2.
15. Ministry of Health. *Guidelines for Family Planning and Reproductive Health Services in a COVID-19 Pandemic Situation*, 2020. Available at: <https://www.mohfw.gov.in/pdf/FinalguidelineProvisionofFPservicesduringandpostPandemi>. Accessed on 10 February 2022.
16. Kitson A, Ahmed LB, Harvey G, Seers K, Thompson DR. From research to practice: one organizational model for promoting research-based practice. *J Adv Nurs*. 1996;23(3):430-40.
17. Notoatmodjo S. *Health Research Methodology*. Jakarta: Rineka Cipta Publisher; 2012.
18. Porter J, Ogden J, Pronyk P. Infectious disease policy: towards the production of health. *Health Policy Plan*. 1999;14(4):322-8.

**Cite this article as:** Mandagi CKF, Kalesaran AFC, Moningka MEW. Readiness of the health department in maternal and child health service programs during the COVID-19 pandemic in Bolaang Mongondow Regency. *Int J Community Med Public Health* 2022;9:1569-73.