



CHAPTER 5

CONCLUSIONS AND RECOMMENDATION

The government policy in contracting midwives at villages in Indonesia is considered new and hence the evaluation has not been undertaken well. Therefore, this research applies an evaluation model on the effectiveness of appointing the contracted midwives on the coverage and quality of primary health care services with special reference to the District of Donggala, Central Sulawesi.

5.1 Conclusions

The average cost of training per student for Contracted Midwife (CM) students in the Midwife Training School was higher than that of the Civil Servant Midwife (CSM) students. This was caused by the difference in fringe benefits. The Contracted Midwife students acquired a scholarship during they were studying.

It was also found that the total cost of training a student for the Contracted Midwife student was 1.38 times that of the CSM student or 34.42 % higher than that of Civil Servant Midwife students. 57.98 % of total cost of the training were allocated to train the Contracted Midwife students and 42.04% to train Civil Servant Midwife students.

In term of the recurrent cost of Maternal and Child Health services performed by the midwives, it was summarized that the average cost of all activities with regard to Maternal and Child Health services performed by Contracted Midwives was higher than of Civil Servant Midwives in both Financial Year 1996/1997 and 1997/1998.

The activity of Pregnant Women services consumed the largest proportion of total cost in both FC 1996/1997 and 1997/1998. Nearly half (averagely 39.2 % to 46.1%) of the total cost were allocated to the activity of Pregnant Women services in those year.

The activity of Delivery Aid services was the largest proportion in the percentage of cost difference that was allocated to both CM and CSM followed in order by Postnatal Care services and Pregnant Women services respectively, in both FC 1996/1997 and 1997/1998

The percentage of difference in the effectiveness between CM and CSM were not significant. Comparing the effectiveness of Maternal and Child Health program performed by CM and CSM, it was summarized that the most cost effective activity performed by the Contracted Midwives was only the activity of Pregnant Women services in both FC 1996/1997 and 1997/1998.

Referring to the Coverage Standard of Maternal and Child Health program set by Ministry Of Health of The Republic of Indonesia (Standar Penilaian Stratifikasi Puskesmas), it was found that only the coverage of Pregnant Women services performed by both CM and CSM achieved the Standard (more than 80 % of the Standard). The performance of the other activities such as Delivery Aid services and Postnatal Care service had been recognized as considerably low under the Coverage Standard (less than 70%) set by MOH. The Coverage Standards are 80 % for Pregnant Women covered, 70 % for Delivery Aids assisted and Postnatal care served.

5.2 Recommendation

Considering that Contracted Midwives consumed the higher proportion of costs compared with the Civil Servant Midwives during their training until they work, it

is recommended to review the policy in contracting midwives. For example, the proportion of fringe benefits and salary for Contracted Midwives acquired, compared with the Civil Servant Midwives.

The percentage of difference in the effectiveness of the Contracted Midwives performance compared with the Civil Servant Midwives was considerably small but the percentage of difference in the costs consumed between the Contracted Midwives and the Civil Servant Midwives was considerably high. The Contracted Midwives acquired the higher fringe benefits and salary than that of the Civil Servant Midwives but the performance between them was not so much different.

In term of training, also it is recommended to increase the budget of field practices at the villages for the midwife students. The budget for that activity was considerably low compared with the budget of field practices at the hospital. It would be useful to provide more field practical activities for the students during their training at the School. This strategy is expected to improve and enable them to carry out the adequate health services to the community when they work in the village setting.

By performing such strategy it is expected to be able to improve the quality of services and increase the utilization rate of the services. Finally, the higher utilization rate can significantly reduce the average cost of activity and will increase the effectiveness ratio as well.

5.3 Limitations of the study

This study was conducted in purposively selected villages. Since data collection time and resources were limited, some assumptions were done for data analysis.

For further study in achieving useful results, it will be designed and selected the indicators of critical importance from the evaluation. Three types will be used to

assess effectiveness, largely representing the major components of the program. These are input, process and outcome (output and impact).

Input indicators will include quantitative and qualitative review of the resources available, as well of the organizational arrangements that make them work. It includes the number of another health personnel (TBA or volunteer, etc) who participated in the programs and stayed in the villages and also types of training they have obtained. The process indicators will largely include a qualitative judgment about the adequacy of service-giving. Indirect observation and data collection can be made by interviewing both midwives and mothers, after the maternal services have been provided. The variables that indicate the quality of services are technical competence, continuity mechanism and appropriateness of the constellation of services.

Technical competence involves principally factors such as the competence of the clinical technique of midwives, the observance of protocols, and the skills required to manage or refer complicated cases.

Continuity involves the continuity of the activities in the program and follow-up mechanism, such-as a forward appointments or home visits by midwives.

Appropriateness refers to the situation of the maternal health services so that they are convenient and acceptable to mothers.

Input and process indicators will be useful in providing explanations of why any intervention is not producing expected outcomes. Outcome indicators could possibly be viewed along a time line, where output is considered as a short-term outcome and impact as a long-term outcome.