

Vol 4 (5) pp. 50-58 October, 2017
Author(s) retain the copyright of this article
<http://www.pyrexjournals.org/pjmms>
ISSN: 2579-1230
Copyright © 2017 Pyrex Journals

Full Length Research paper

Implementation Model of Maternal and Child Health Service Policy in East Nusa Tenggara Province

Florentianus Tat

University of Nusa Cendana Kupang, East Nusa Tenggara, Indonesia.

Email: florentianustat@yahoo.co.id

Accepted 20th, October 2017

Abstract

The Research Aim is to design the implementation model of maternal and child health policy in East Nusa Tenggara, Indonesia. The Research Method is an Analytic Observational with cross sectional design. The total sample of the research is 235 with the technical research of Multistage random sampling by clusters on the islands of Flores, Sumba, Timor (including Sabu and Rote), and the District of Alor then a cluster to choose the district, and perform a random pick to a Community Health Centres. A Data analysis technique using the linear regression and the equations of Structural Equation Modelling (SEM), the results showed that the variable standard and its purpose providing a positive and significant effect on the performance of the implementation of maternal and child health policy at East Nusa Tenggara, Indonesia (t count = 11.570 > t table 1.97). Resources provided a positive and significant impact on the performance of policy implementation (T arithmetic = 13.304 > t table 1.97). Characteristics of the Executing Agency gave a positive and significant impact on the performance of maternal and child health policies in EAST NUSA TENGGARA, INDONESIA (t count = 8.276 > t table 1.97). The interest of the target group had a positive and significant impact on the performance of maternal and child health policies in East Nusa Tenggara, Indonesia (t count = 9.535 > t table 1.97). The external environment gave a positive and significant influence on the performance of the policy (t arithmetic = 8.902 > t table 1.97). Geographically gave a positive and significant influence on the performance of the policy (t arithmetic = 19,0115 > T table 1.97). Communication between organizations gave a positive and significant impact on policy performance (t arithmetic = 7,299 > t table 1.97). The disposition gave a positive and significant influence on the performance of the policy (t count = 8.170 > t table 1.97). Standards and Objectives, Resources, Characteristics of Executing Agency, Target Group, External Environment, Geographical Condition, Policy Communication, Policy Disposition, Bureaucratic Structure, together they gave positive and significant influence to the Performance of the Policy (22.09 F count > F table 1.992). The conclusion of this study is the Standard and Objectives, Resources, Characteristics of the Executing Agency, The Interests Of Target Groups, External Environmental (Culture), Geography, Communications, Disposition, Bureaucratic Structure are individually/partially and simultaneously or together have a positive and significant impact on the performance of the implementation of maternal and child health policies in East Nusa Tenggara, Indonesia. It is suggested that Implementation of maternal and child health policy must consider the variables that affect the implementation of its Policy. Every variable that affects should be given more attention and support so that the expectation of the policy is achieved.

Keywords: Implementation Model of Maternal and Child Health Policy.

INTRODUCTION

Background

Governor Regulation of East Nusa Tenggara, Indonesia Number 42 Year 2009, the Maternal and Child Health Revolution are a policy to reduce maternal and child mortality in East Nusa Tenggara, Indonesia. The main focus of this policy is to provide adequate health amenities:

- 1). Providing human resources (HR) such as medical doctors, midwives, nurses, and other health personnel.
- 2). Providing medical equipment.
- 3). Quality health facilities and infrastructure through the addition of PONEK and PONEK hospitals
- 4). Provision of medicines and medical supplies
- 5). Additional budgeting and (6) adequate health care systems.

The percentage of attainment of delivery aid to health facilities in 2014 was 86.9% and labor assisted by health personnel was 86.63%. Maternal mortality (MMR) in 2013 and 2014 is 179 / 100,000 KH (Live Birth) and 159 / 100,000 KH (Live Birth), this is still quite high when compared to the target of 153 / 100,000 KH (Live Birth). As for infant and under five mortality reached 32/1000 KH (Live Birth) and 40/1000 KH (Live Birth) is still above the national value of 23/1000 KH(Live Birth) and 32/1000 KH (Live Birth). Achievement of the above when compared to the millennium development goals (Millennium Development Goals-MDGs) by 2015, namely 23/1000 KH (Live Birth) infant mortality and under-five mortality 32/1000 KH (Live Birth), while in 2015 the maternal mortality rate 102 / 100,000 KH (Live Birth) and more than 90 % Of mothers give birth by a trained health worker. Maternal and child health indicators still indicate the unsuccessful implementation of maternal and child health policies in East Nusa Tenggara, Indonesia, as shown in the table below.

The study of Ngambut *et al.*, (2013), in the village of Renda Satar Mese Sub-district of Manggarai Regency, it is mentioned that there are still plenty of mothers who give birth assisted by shaman, delivery aid is done at home, besides polindes/ Village maternity hut have not been exploited by health workers or community. Agnes Gae Dopo (2012), on the availability of Health Human Resources, the conclusion of this research is a significant increase in number since the revolution of Maternal and Child Health, yet the number is not sufficient for health workers in the Soa District of Nagekeo Regency. Research Asnawi Abdullah, et al (AIPMNH, 2015), about the risk factors in mothers and babies in 14 districts in EAST NUSA TENGGARA, INDONESIA found 74% of cases of neonatal mortality in this study occurred in the first week of life (early neonatal death), giving birth at home is still a lot going on, Dukuns/ shamans are

available in many villages, the study found that home birth has a high risk of neonatal death, especially for low birth weight infants, social and cultural efforts should be promoted to encourage pregnant women not to give birth at home and to give birth at health facility.

The above facts show that the performance of the health care policy implementation aspects of the output (output) and results (comes out) policy is not in line with expectations. This condition will also have a direct impact on the Human Development Index in East Nusa Tenggara, Indonesia Province, where the position of East Nusa Tenggara, Indonesia is still on the order of 32 out of 34 provinces in Indonesia which is around 68.77.

Therefore we need a proper and effective implementation model and in accordance with the condition of East Nusa Tenggara, Indonesia. Elaboration of the model of implementation theory that has been submitted by experts is expected to produce performance policy in accordance with expectations. A state policy will be effective if implemented and have a positive impact on society. According to Van Meter and Van Horn (1975), implementation of the policy as "Reviews those actions by public or private individuals (or groups) that are directed at the achievement of objectives set for in prior policy decision" (acts done either by individual/Officials or government or private groups directed at achieving the objectives outlined in policy decisions).

Problem

The policy of the maternal and child health is a policy to reduce maternal mortality and child mortality by requiring that all deliveries be performed in adequate health facilities. The fact shows that the performance of maternal and child health policies in East Nusa Tenggara, Indonesia has not reached the levels set by the government. The failure of policy implementation appears from the empirical phenomena described earlier. The unmet achievement of maternal and child health policy goals, in line with expectations with this policy is presumably because policy implementation has not been well implemented. Therefore the research problem is "How is the Implementation Model of Maternal and Child Health Policy that is in accordance with the characteristics of East Nusa Tenggara Province".

The Problem Issue

Based on some of the above description can be formulated research problems are:

- 1). How big is the impact of policy standards and objectives in the performance of the mother and child

health policy in East Nusa Tenggara, Indonesia?

2). How much influence does the resource have on maternal and child health policy performance in East Nusa Tenggara, Indonesia?

3). How important is the effect of the implementing agency's characteristics on the health policy performance of mother and child in East Nusa Tenggara, Indonesia?

4). How much influence does the interest of the target group have on the performance of the mother and child health policy in East Nusa Tenggara, Indonesia?

5). How big is the influence of the external environment (social, cultural economy) on the health policy performance of mother and child in East Nusa Tenggara, Indonesia?

6). How influential is the accessibility (geographical) condition for the performance of the mother and child health policy in East Nusa Tenggara, Indonesia?

7). How big is the communication effect on the performance of health policy of mother and child in East Nusa Tenggara, Indonesia?

8). How influential is the disposition of the health policy performance of mother and child in East Nusa Tenggara, Indonesia?

9). How big is the influence of bureaucratic structure on the performance of health policy of mother and child in East Nusa Tenggara, Indonesia?

10). How big is the impact of standards and targets, human resources. The characteristics of the implementing agency, the interests of the target group, external environment (culture), geography, communications, disposition, bureaucratic structure simultaneously on the performance of the implementation of health policy of mother and child in East Nusa Tenggara, Indonesia?

11). How is the model of Maternal and Child Health policy implementation appropriate to the conditions in East Nusa Tenggara, Indonesia?

THE AIM AND BENEFITS

The aim

The objective of the research was to design the implementation model of maternal and child health policy in East Nusa Tenggara, Indonesia. Special purpose:

1). Getting description of the effect of standards and policy objectives on the performance of the mother and child health policy in East Nusa Tenggara, Indonesia.

2). Getting a description of the influence of resources on the performance of maternal and child health policies in East Nusa Tenggara, Indonesia.

3). Getting a description of the implementing agency characteristics on the performance of the mother and child health policy in East Nusa Tenggara, Indonesia.

4). Getting a description of the target group's interest in

the health policy performance of mother and child in East Nusa Tenggara, Indonesia.

5). Getting a description of the external environmental impact (social, economic and cultural) on the performance of the implementation of the policy on maternal and child health services in East Nusa Tenggara, Indonesia.

6). Getting a description of the accessibility (geographical) conditions on the performance of the mother and child health policy in East Nusa Tenggara, Indonesia.

7). Getting description of the communication on the performance of the mother and child health policy in East Nusa Tenggara, Indonesia.

8). Getting a description of the disposition effect on the health policy performance of mother and child in East Nusa Tenggara, Indonesia.

9). To get a description of the bureaucratic structure on the performance of the mother and child health policy in East Nusa Tenggara, Indonesia.

10). Obtain a model of Maternal and Child Health policy implementation appropriate to the conditions in East Nusa Tenggara, Indonesia.

The Benefits

1). This research will produce a model of policy implementation in accordance with the conditions of the Province in NTT as the province of the Islands.

2). The results of this study will provide theoretical contribution on the correlation between the implementation components in the implementation of maternal and child health policies.

3). The results will enrich the concept of health policy implementation in the archipelago

THE AIM OF THEORY

The Public Administration

Public administration, according to Chandler and Plano (Keban, 2008: 4) is the process by which resources and public personnel are organized and coordinated to formulate, implement and manage decisions in public policy. While Keban states that the term Public Administration shows how the government acts as a sole authorized agent or as a regulator, active and always initiative in organizing or taking steps and initiatives, which they think is important or good for society because it is assumed that society is a passive party, less able, and must submit and receive whatever government regulated (Keban, 2008: 4).

The Public Policy

Anderson (2010) defines public policy as a deliberate act

followed by the actor in the face of a problem or problems of concern. Stewart, Hedge, & Lester (2008), on the other hand, define public policy as a series or pattern of government activities or decisions designed to improve some social issues. The so-called public policy should be implemented. The success of an adopted public policy depends on its successful application. Even the best policy is valuable if it is not implemented successfully or correctly. One of the problems of policy implementation is the lack of guidance on how to apply it (Khan, Anisur Rahman, 2016).

The Policy Implementation

Pressman and Wildavsky (Purwanto, 2012: 20) interpret the implementation with the keyword run the policy (to carry out) to fulfil the promises as stated in the policy document (to fulfil), to produce the output as stated in the policy objective (to produce) to complete the mission that should be realized in the policy objectives. Van Meter and Horn (1974) define a more specific implementation: policy implementation encompasses those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth prior policy decisions. The implementation is also understood as a transaction of various resources.

According to Warwick and Brynard (in Purwanto, 2012: 21) Implementation means transaction to carry out a program, the implementation must continually deal with tasks, environmental, clients and each other. The formalities of organization and the mechanics of administration are important as background, but the key to success is continual coping with contexts, personalities, alliances, and events and crucial to such adaptation is the willingness to acknowledge and correct. Mistakes to shift directions and to learn from doing nothing vital to implementation than self-correction is nothing more lethal than blind perseverance”.

The Maternal and Child Health Policy

The East Nusa Tenggara Governor's Regulation Number 42 of 2009 of the Policy of the Revolution on Maternal and Child Health (KIA) is a form of accelerating the reduction of maternal and neonatal deaths in extraordinary ways through deliveries at adequate and ready health care facilities serving in 24 hours. This policy is implemented because the deaths of mothers and newborns in NTT province are still very high compared to the National figures.

All deliveries are performed at adequate health facilities and meet the standards in human resources (HR); aspects of equipment; aspects of medicine, medical supplies and supplies; aspects of the building; as well as system aspects (including standard operating procedures / SOPs, fixed / protap procedures and referral systems) (NTT Health Office, 2009).

The Model of Policy Implementation

The model definition is a representation of something else, designed for a specific purpose (a representation of something designed for a particular purpose). So the model is the embodiment of something, designed to achieve a certain goal. The purpose of creating a model varies greatly. Models can be helpful in constructing hypotheses and experimenting reliably. The implementation process model is a typology to help visualize the reality of complex policy implementation. This model will make it easier to understand how a policy is implemented. A good model according to Lester and Stewart in Wahab (2014), to some degree will graphically illustrate some important aspects of the implementation process. Various modelling approaches in public policy implementation can be understood through several classic models inspired from various phenomena in different regions of the world.

THE METHOD OF RESEARCH

This research uses a mixed method of quantitative and qualitative approaches.

The location of Research

The study was conducted in 11 districts, 104 health centers and 235 health workers in KIA service in NTT province. The study was conducted from September 2016 until September 2017.

The Data of Source

Data were collected using questionnaires and interview guidelines. The questionnaire used in the first tested the validity and reliability of KIA policy implementers in Kupang City.

The Technique of Data Collection

The questionnaire

The questionnaire was filled by the Midwife and head of the Center for Public Health

The interview

Interviews were conducted through focus group discussions (FGDs) with midwives and nurses working in Community Health Centres

The Data Analysis Technique

Univariate analysis, Bivariate analysis, Multivariate analysis. The analysis method chosen in this research is

by using SEM (Struktural Equation Model),

THE RESULT OF RESEARCH

The results showed that the average clarity of standards and policy objectives of maternal and child health in the province for all the implementers is clear to an average value of 4.11 for the clarity of policy objectives, while for clarity of policy standards of the average position of 3.7 means that the clarity of policy standards for implementers at the ground level is pretty obvious. Overall that the average clarity of standard and objectives of maternal and child health policy at East Nusa Tenggara, Indonesia for the implementers at the lowest level in a health centre in a position that is quite clear (3.9). Average value of 3.9 indicates that the implementers not yet clearly understand the standards and objectives of maternal and child health policy.

The above question items, almost all respondents answered with the lowest 3.5 and the highest 4.25, indicating that there are still many things from this policy that require further explanation to be understood well. If the executor has not understood clearly it will be very difficult for a policy to be implemented. Standards of clarity and objectives of a policy is of paramount importance that a policy can be implemented properly. If the implementer has obtained clarity, then this policy is easily implemented and communicated to the public. The implementers who clearly understand the standards and policy objectives have a good performance on policy implementation and the similar case of those who are very clear about the standards and policy objectives have a good policy performance. The influence of standardized clarity and policy objectives of the performance of policy implementation can occur directly, but also can occur through the variables between the communication variables and policies. The statistical correlation between standard clarity and objectives and policy performance is indicated by the value of $p = 0.000$, although the relationship is not strong because the correlation coefficient value = 0.274, which is close to 0, but this relationship is a positive relationship, where every clarity of standards and policy objectives will improve 27% of policy performance.

Relating to the availability of resources in the implementation of maternal and child health policy in East Nusa Tenggara, Indonesia is on the average score of 2.64 this indicates that insufficient or not enough resource availability in the implementation of this policy. The low assessment of human resources is a weakness in maternal and child health policies. This needs to be considered by the government because the availability of health personnel as the main support policy implementation needs attention. The government needs to think carefully about the distribution of health personnel as well as to increase the competence of

health workers. There are still many public health centres that do not have doctors or midwives and nurses and do not conform to the standard expected amount.

The availability of budgetary resources in the implementation of maternal and child health policies in East Nusa Tenggara, Indonesia is inadequate for policy implementation, which is an average of 2.45. General secrets show that local governments do not prepare sufficient budgets for the implementation of maternal and child health policies. This shows that the budget prepared for policy implementation is not sufficient to achieve the expected objectives. The results showed that the alignment between resources and performance of policy implementation showed that the available resources were not enough showing more the bad performance, whereas insufficient resources available showed good performance.

This means that most of the good performance corresponds to the sufficient human resources available. The most unfavourable performance of the available resources is not enough. There is a correlation between the availability of resources for the performance of implementation policies ($p = 0.00$) showed a correlation coefficient 0.546 correlation is quite strong, although not very strong. This correlation also shows a positive relationship which means that if resources are improved it will enhance the performance of policy implementation.

The support of the implementing agency or the organizational character of the implementing organization is still fairly well positioned (3.21). Support of target groups on the implementation of the MCH policy, only in the category of good enough that the average value of 3.4. This shows that the target group has not provided good and excellent support for the implementation of this policy. Sufficient supports of the target group will affect the successful implementation of this policy because this policy must reach the target groups and implemented by the target group. This is indicated by the low activeness of pregnant women in following check-up themselves into health facilities, support of birth attendant still not good, as well as the role of cadres and husband support.

The lower level of target group support will have the effect that this policy cannot work properly. Political support is still in the category of good enough 3.24 average values. This implies that the implementation of maternal and child health policies has not received political attention fully. Similarly, the indicators of competence of implementing this policy are still in good enough categories that is 3.0. This shows that the policy implementers are doctors, midwives and nurses do not have good competence or very good for implementation maternal and child health policy. In this regard, the availability of midwives, nurses and doctors is not evenly distributed and even midwives or nurses who have received special training in accordance with those set forth in this policy are not yet available. In general, the average value of characteristic of the implementing

agency variable in the 3.21 category shows that the characteristics of the implementing agent only provide sufficient support to the implementation of this policy. The weak characteristic of implementing agents will result in lower performance of maternal and child health policy implementation in East Nusa Tenggara, Indonesia.

The relationships between executing agents with good policy performance are consistent with the characteristics of good implementing agents, whereas good policy performance, at least in the characteristics of good implementing agents (68). Similarly, excellent policy performance is more consistent with the characteristics of good implementing agents (10). There is a correlation between the characteristics of the implementing agent and the performance of policy implementation ($p = 0.00$), the correlation coefficient of 0.518 indicates this correlation is strong, although not very strong. This correlation also shows a positive relationship which means that if the more clearly the characteristics of the implementing agency will improve the performance of policy implementation. These shows a pattern of alignment where if the higher the characteristics of the implementing agent, the policy performance will also be higher.

The interest of the target group for the implementation of the mother and child health policy in East Nusa Tenggara, Indonesia is seen from the indicator of the perceived benefit of the target group, indicating that the average score of 3.3 shows that the perceived benefit to society is in the criteria of good enough. A policy can be well implemented if the benefits are felt by the community, if only the good enough arrangement means that this policy has not been accepted by the community, consequently the community also improperly conducts, this can be proved by the low interest of the community to come to the health facility or to Self-examination and delivery at health facility, besides indicated by there are still many people who trust the shaman as birth deliverer, and the role of shaman in delivering pregnant mother to give birth in health facility cannot be executed properly.

The above conditions can be seen also from the low responsiveness of the people to this policy where the average value on the indicator of compliance and responsiveness is 3.2 or good enough. If compliance and responsiveness are low, this policy will not work well, as indicated by community compliance for pregnancy checks at health facilities at least 4 times during pregnancy, adherence to childbirth in health facilities, or taking medication regularly. The predicate K4 Pregnant women are still very low despite high K1. In addition, the community's responsiveness to maternal and child health is still fairly well indicated by frequent late-society accompany the pregnant women to health facilities. Delay arrived and received health care as one of the causes of maternal and child mortality in East Nusa Tenggara, Indonesia. Delays can be attributed to many factors, especially the lack of knowledge and socio-

cultural factors that inhibit the mother to give birth in adequate health facilities.

This delay can be seen from the low level of public participation in the execution of maternal and child health policies. Indicators of community participation are in good enough categories (3.2). This shows that the community has not paid good attention to the implementation of maternal and child health policy in East Nusa Tenggara, Indonesia. The results show that on the interest of the target group is not clear and quite clear most of the implementation performance at the level is quite good, while on the group interest is clear and very clear most of the performance at the level of good and very good. Most performance is not good at the level of interest of the target group is not clear. It also shows that most good policy actors (54) are in harmony with the interests of clear target groups. The correlation between the interest of the target group and the performance of the policy implementation indicates that there is a correlation ($p = 0,00$) of correlation coefficient of 0.457 indicating this correlation is strong, although not very strong. This correlation also shows a positive relationship which means that the pattern of harmony where if the higher interest of the target group then the performance of the policy will also be higher.

Environmental conditions covering the social, economic and political conditions of the community are in fairly good category (average score 3.2) in policy implementation. Economy Support including the unfavourable category (2.9) this shows that the socio-economic ability is not sufficient to support the implementation of maternal and child health policy. Inadequate social support can be seen from the lack of community participation to utilize health facilitation, still very strong the social attachment that makes the giving birth is helped by shamans. The lack of economic support can be seen from the inability of the public to finance health. There are still many poor people who do not have the financial ability to come to an adequate health facility. Availability of the cost of government subsidy is only intended for the sick, while the family who maintain or assist the sick not receive fees for a meal or other activity. This condition can make people reluctant to come to health facilities.

Political support is still quite good (3.3 in average), indicating that political actors do not provide the maximum support in the implementation of maternal and child health policies. Political leaders have a very strategic role in supporting maternal and child health policies. The relationship between the external environment and the policy performance indicates that the performance of the best policy implementation (51) aligns with the supportive external environment, while the performance of policy implementation is quite good (67) aligns in a sufficiently favorable external environment. The association between the external environment with existing policy implementation performance correlation (p

= 0.00), the correlation coefficient of 0.530 showed a correlation is quite strong, although not very strong. An association positive which means that if more and better support the external environment will improve the performance of policy implementation. These shows a pattern of alignment where if the higher the support of the external environment then the performance of the policy will also be higher.

Geographical and networking variables are still low (mean 2.7), meaning that geographical conditions in East Nusa Tenggara, Indonesia are less supportive of the implementation of maternal and child health policies. Mileage of people who are still very far away with health facilities, long distances cause long travel time, for most on foot because there is no public transportation or have no road for public transportation. Most of the public rely on health center ambulance to pick up a patient, despite it was decades old. Pregnant women are still much too late to get health care or treatment by a physician. Also cause pregnant women prefer to be helped by traditional birth attendants or even helped by her own husband. This will cause the risk of death of mother and child is getting bigger, because it is not helped by professionals and adequate equipment. But on the performance of policies that are not well aligned with the bad geographical conditions as well (17). The performance of policy implementation is quite good in harmony with geographical conditions that are not easy (43). The correlation between geographic conditions with policy implementation performance ($p = 0.00$), correlation coefficient of 0.429 indicates this correlation is strong, although not very strong. This correlation also shows a positive relationship which means that if the easier the geographical condition it will improve the performance of policy implementation. These shows a pattern of harmony where if the easier the geographic accessibility in the health service, then the performance of the policy will also be higher.

Communication activity between organizations in implementation of mother and child health policy in East Nusa Tenggara, Indonesia is still in a good enough category that is mean value 3.5, communication activity including socialization policies to all implementers and the community. The average score on socialization indicator 3.7 shows that socialization is good enough to be implemented, although socialization should be implemented well or very well, so that this policy is exposed to all implementers and entire society. If this policy is well exposed it will be well implemented. It can be seen that there are still people who are not familiar with maternal and child health policy programs, there are still people who do not know that every birth should be done in an adequate health facility. In additional there are health workers who do not know the things to do and health personnel duties.

Understanding health workers about the tasks and responsibilities are still in the category of good enough

(average value 3.5). This indicates that midwives, nurses or heads of the Public Health Center have not fully understood their respective duties and responsibilities in policy implementation. This can lead to errors in implementation because the parties do not understand properly carrying out the discharge of duties and responsibilities. Related to indicators of policy consistency shows the average number of 3.4 or good enough, this shows that have not been implemented to the maximum so as to achieve good or excellent value. A policy after it is set to be implemented needs to be monitored and evaluated continuously so that the policy runs as the policy objectives are set. In addition to monitoring and evaluation, cross-sector coordination should also be done well. Coordination in the implementation of this policy is at a mean value of 3.3 or good enough categories. Cross-sectoral coordination is another important area in policy implementation. Weaknesses in coordination will lead to inequality in the implementation of the policy, related to the relationship between communications, with performance policy shows that the performance of the implementation of good policies (76) aligned with good communication of intergovernmental organizations.

While the performance of policy implementation is good enough most in line with the communication of intergovernmental organizations is quite clear (50). The correlation between communication intergovernmental organizations and policy implementation, performance ($p = 0,00$), correlation coefficient 0,520 indicates this correlation is strong enough, although not very strong. This correlation also shows a positive relationship which means that if the better communication between organizations is, the better performance of policy implementation will be. This shows a pattern of alignment where if the better communication intergovernmental organizations in the health services of mother and child is then the higher the performance of the policy will occur.

Improper implementation of policy performance tends to occur in work units that have a bad attitude that is unknowing discipline, honesty and work culture. It also shows that most of the performance is good in the attitude of good policy implementers, the better attitude of implementers of development policy, the better the performance of maternal and child health in the province. There's a correlation ($p = 0.00$) between the disposition and policy implementation performance, a coefficient of 0.358 showed a correlation is quite strong, although not very strong. This correlation also shows a positive relationship which means that if the better the disposition will improve the performance of policy implementation. This shows a pattern of harmony where if the better the disposition in maternal and child health services then the higher the performance of the policy will.

Variable bureaucratic structure showed the value of 3.4 or good enough, the existence of Procedure Operational Standards (SOP) where the result of the research shows

that the average value is 3.59 (good enough). SOP is obligatory for the implementation of the policy, but this result shows that the implementation of the policy is not in accordance with SOP or the existence of SOP in each work unit has not been evenly distributed, so that the average values are in good enough category, as an implementation can run properly if there is a standard implementation. Similarly with the commitment of the apparatus, a policy should be supported by the implementers of the policy which is indicated by the commitment of the implementers. The results showed that the commitment of the implementers only on good enough category (3.3). This shows that the commitment of the bureaucracy in the implementation of this policy is not good. If this commitment is low then implementation will be hampered because the motor of policy implementation is bureaucracy.

A description of the relationship between bureaucratic structure and policy performance can be conveyed that the performance of a good policy implementation is more consistent with good bureaucracy structure (73). The performance of a good policy implementation is more consistent with good bureaucratic structure (48). There is a correlation between the structure of the bureaucracy with the policy implementation performance ($p = 0.00$), the correlation coefficient of 0.460 showed a correlation is quite strong, although not very strong. This correlation also shows a positive relationship which means that if the better bureaucratic structure, the better improvement of the performance of policy implementation is. This shows a pattern whereby if the better alignment of the bureaucratic structure in maternal and child health care policy, the higher the performance will.

Variable standard and the goal provide a positive and significant effect on the performance of the implementation of maternal and child health policy in East Nusa Tenggara, Indonesia ($t = 11.570 > t$ table 1.97). Resources provide a positive and significant impact on the performance of policy implementation (t count = 13.304 > t table 1.97). Characteristics of implementing agents gave a positive and significant impact on the performance of maternal and child health policies in East Nusa Tenggara, Indonesia ($t = 8.276 > t$ table 1.97). The interest of the target group had a positive and significant impact on the performance of maternal and child health policies in East Nusa Tenggara, Indonesia ($t = 9.535 > t$ table 1.97). The external environment gives a positive and significant influence on the performance of the policy (t count = 8.902 > t table 1.97). Geographically gives a positive and significant influence on the performance of the policy (t count = 19.0115 > t table 1.97). Communication between organizations gives a positive and significant impact on policy performance (t count = 7,299 > t table 1.97). The disposition gives a positive and significant influence on the performance of the policy ($t = 8.170 > t$ table 1.97). Standards and Objectives, Resources, Characteristics of Executing Agent, Target Group, External Environment, Geographical Condition, Policy

Communication, Policy Disposition, Bureaucratic Structure in a time together they give positive and significant influence to the Policy performance (F value 22.09 > F table 1,992).

CONCLUSION

The conclusions of this study are the standards and objectives, resources, characteristics of the implementing agent, the interests of the target group, the external environment (culture), geography, communication, disposition, bureaucratic structures individually/partially and simultaneously or together have Positive and significant impact on the implementation performance of maternal and child health policies in East Nusa Tenggara, Indonesia. It is suggested that Implementation of maternal and child health policies should consider the variables that affect the implementation of the policy. Every influencing variable is given the attention and support so that the expectations of the policy are achieved.

The implementation model of maternal and child health policy in East Nusa Tenggara, Indonesia, considers the variables that give influence directly or indirectly to the achievement of policy implementation performance, ie the standards and objectives, resources, the characteristics of the implementing agency, the interests of the target group, the external environment, geography, disposition, bureaucratic structure.

SUGGESTION

- 1). Implementation of MCH policy in East Nusa Tenggara, Indonesia should pay attention and support to variable clarity of standard and policy objectives, resource availability, executing agent characteristic, target group, external environment (social, economy and politics), accessibility condition (geographical condition), policy communication, policy disposition, bureaucratic structure.
- 2). Resource variables (HR, tools and financing) and accessibility issues (affordability for health facilities) should receive more serious attention from the government in implementing MCH policies in East Nusa Tenggara, Indonesia.

REFERENCES

- Abdullah, Asnawi, dkk (2015). Faktor Risiko Kematian Neonatal Di Provinsi Nusa Tenggara Timur : A Matched Case-Control Study. Kupang : AIPMNH.
- Adisasmito, Wiku (2014). Sistim Kesehatan (Edisi II). Depok : PT. Rajagrafindo Persada.
- Agus, Dwiyanto (2006). Mewujudkan Good Geovernance Melalui Pelayanan Public Yogyakarta: UGM Press.
- Anderson, James, E. (2003). Public Policy Making: An Introduction

- Fifth Edition. Boston: Houghton Mifflin Company
- Badan Penelitian Dan Pengembang Kesehatan (2013). Riset Kesehatan Dasar (RISKESDAS 2013). Jakarta: Kementerian Kesehatan RI.
- Buse, K., Mays, N., Walt, G (2007). Making Health Policy, Membuat Kebijakan Kesehatan, London: London School of Hygiene and Tropical Medicine.
- Clarke E. Cochran, Lawrence C. Mayer, T.R. Carr. (2009). American Public Policy: An Introduction (Ninth Edition). Published by Wadsworth Publishing
- Cochran, Charles L. and Eloise, F, Malone. (2005). Excerpted From Public Policy: Perspectives and Choices (Third Edition). USA : Linny Rienner Publishers.
- Dunn, William N. (1994). Public Policy Analysis: An Introduction, New Jersey: Pearson Education (Edisi bahasa Indonesia edisi kedua). Yogyakarta: Gadjah Mada University Press
- Didid, Sulastiy, Hariadi Kartodihardjo, Sudarsono Soedomo. (2016). The Effectiveness Of Policy Implementation On Forest Rehabilitation and Reclamation Efektivitas Implementasi Kebijakan Rehabilitasi Dan Reklamasi Hutan Jurnal Silvicultura Tropik, Vo.7 No. 3. Tahun 2016.
- Edward III, George, C. (1984). Public Policy Implementing. London-England : Jai Press Inc
- Frank Fischer, Gerald J. Miller, Mara S. Sidney. (2007). Handbook Of Public Policy Analysis Theory, Politics, And Methods, CRC Press Is An Imprint Of The Taylor & Francis Group, An Informa Business.
- Gae Dopo, Agnes. (2013). Analisis Kebijakan Revolusi Kesehatan Ibu dan Anak : Pada Aspek Sumberdaya Manusia Kesehatan di Puskesmas Waepana Kecamatan Soa Kabupaten Ngada-NTT. Thesis, Universitas Kristen Satya Wacana.
- Gerston, Larry N. (2002). Public Policy Making in a Democratic Society: A Guide to Civic Engagement, Armonk: M. E. Sharpe
- Grindle, Merilee S. (1980). Politics and Policy Implementation in The Third World, New Jersey : Prinnton University Press.
- Goggin, Malcolm L et al. (1990). Implementation, Theory and Practice: Toward a Third Generation. USA : Foresmann and Company,.
- Haedar, Akib.(2010). Implementasi Kebijakan: Apa, Mengapa, dan Bagaimana, Jurnal Administrasi Publik. Jurnal Administrasi Publik. Volume 1 No. 1 Thn. 2010.
- Irawan, Prasetya. (2007), Penelitian Kualitatif dan Kuantitatif untuk Ilmu-ilmu sosial, Jakarta : Departemen Ilmu Administrasi, FISIP – UI
- Jiarti, Kusbandiyah, Martha Irene, Kartasurya, Sri Achadi Nugraheni (2014). Analisis Implementasi Program Kelas Ibu Hamil Oleh Bidan Puskesmas Di Kota Malang, Jurnal Teknologi Kesehatan, Volume 10, Nomor 1, Maret 2014, Hlm. 50-55
- Kay, Adrian. (2006). The Dynamics of Public Policy Theory and Evidence , Department of Politics and Public Policy, Griffith University, Brisbane, Australia New Horizons In Public Policy Edward Elgar Cheltenham, Uk • Northampton, Ma, Usa
- Kementerian Kesehatan RI. (2014). Profil Kesehatan Indonesia Tahun 2013. Jakarta : Kementerian Kesehatan RI.
- Khan, Anisur, Rahman. (2016). Policy Implementation: Some Aspects And Issues Journal Of Community Positive Practices, xvi 2016, 3-12 Issn. Electronic: 2247-6571
- Laksono. A. D, (2016). Aksesibilitas Pelayanan Kesehatan di Indonesia, Daerah Istimewa Yogyakarta : PENERBIT PT KANISIUS
- Michael, Hill and Peter, Hupe. (2002). Implementing Public Policy : Governance in Theo ryand in Practice, First published 2002. Publishers. SAGE Publications, London.
- Mitchell F. Rice & William Verner Jr. (2016). Implementing Federal Policy: A Preliminary Analysis Of Equal Employment Opportunity And Affirmative Action In Selected Texas Cities. Journal Of Urban Affairs , Volume 2, 1980 - Issue 3, Pages 37-54 | Published Online: 05 Dec 2016
- Mubasysyir, Hasanbasri. (2012). Maksimasi, Free Reder dan Kegagalan Implemetasi Kebijakan. Jurnal Kebijakan Kesehatan Indonesia, Vol. 01, No. 3 September 2012
- M. Riduan K, (2007) Sistem Ekologi Administrasi Publik Di Indonesia, Jurnal Manajemen & Bisnis Aliansi, Volume 2, Nomor 3, Mei 2007. IMMI Jakarta.
- Nakamura, Robert T and Frank Smallwood. (1980). The Politics of Policy Implementation. New York: St. Martin Press,
- Nugroho, Riant. (2012). Public Policy for DevelopingCauntries, Yogyakarta : Penerbit Pustaka Pelajar,
- Parsons, Wayne. (1995). Public Policy, an introduction to the theory and practice of policy analysis, Aldershot, UK; Brookfield, Vt., US : Edward Elgar.
- Parsons, Wayne. (2011). Public Policy; Pengantar Teori Dan Praktik Analisis Kebijakan, Jakarta: Kencana Prenada Media Group
- Pamudji, S. (2004). Ekologi Administrasi Negara. Jakarta: PT Bumi Aksara
- Peter, Knoepfel., Corinne Larrue., Frédéric, Varone., and Michael, Hill. (2007). PUBLIC POLICY ANALYSIS First Published In Great Britain In 2007. UK: Policy Press University Of Bristol.
- Ramdhani & Ramdhani. (2017). Konsep Umum Pelaksanaan Kebijakan Publik. Jurnal Publik Vol. 11; No. 01; 2017; 1-12 6 Wwww.Jurnal.Uniga.Ac.Id
- Riggs, Fred W. (1961). The Ecology of Public Administration. New Delhi: Asia Publishing House.
- Rogers, Everett M., D. Lawrence Kincaid. (1981). Communication Networks: Toward a New Paradigm for Research. New York: The Free Press.
- Sabatier, Paul A (2007). Theories of the Policy Process. University of California: by Westview Press Published by West view Press,
- Sakyi, E Kojo., Awoonor Williams., J Koku., Adzei, Francis A. (2011). Barriers To Implementing Health Sector Administrative Decentralisation In Ghan, Journal Of Health Organization And Management; Bradford 25.4 (2011): 400-19.
- Sangkala, (2014). Inovative Governance, Konsep dan Aplikasi. Yogyakarta: Penerbit Capiya Publishing.
- Smith, Kevin B. & Lincoln Christopher W. Larimer. (2009). The Public Policy Theory Primer. by Westview Press Published by Westview Press, A Member of the Perseus Books Group
- Tashakkori Abbas dan Charles Teddlie. (2010). Mixed Methodologoly, Mengombinasikan Pendekatan Kualitatif dan Kuantitatif. Yogyakarta: Penerbit Pustaka Pelajar.
- United Nations Environment Programme (2009). Integrated Policymaking for Sustainable Development, Copyright United Nations Environment Programme.
- UNICEF (2012). Malaria, Imunisasi dan KIA Terpadu, Kota Kupang NTT: Penerbit Kairos.
- Wen-Shien, Peng. (2008). A Critique Of Fred W. Riggs' Ecology Of Public Administration International Public Management Review. Electronic Journal at Http://Wwww.Ipmr.Net. Volume 9 Issue 1 2008 International Public Management Network.