ABSTRACT

Background: Basic emergency obstetric, and newborn care (BEmONC) is an intervention that is done to save lives which is the main cause in cases of maternal, and newborn deaths. The main reason for maternal death also results in poor implementation of interventions at the level of basic neonatal obstetric care (PONED). The aim of the research to evaluate the implementation of the Basic Emergency Neonatal Obstetric Service Program (BEmONC).

Research Methods: The design of this study uses a combination of methods (mixed methods, which examines the components of BEmONC implementation.

Results: The implementation of the BEmONC program has been running but has not been effective because there are still deficiencies in several aspects namely human research, facilities, and infrastructure as well as referrals, and there are some obstacles in implementation namely the limitations of the BEmONC team, and no training for support teams, lack of facilities, and infrastructure such as rooms, and equipment health is not Under the standards, and the referral system is not correct from the BEmONC the public health center to Comprehensive emergency maternal obstetric, and newborn care (BEmONC ).

Conclusions, and suggestions: The implementation of BEmONC can run according to standards and is effective, and its quality is improved by taking into account the expectations of the public health center in the implementation of BEmONC as well as the recommended advice that is equipping the public health center with facilities, and infrastructure according to standards, conducting training or updating knowledge about BEmONC for the Core Team, and the supporting Team BEmONC, and adding BEmONC public health center, and establishing district hospitals.

Keywords: Evaluation, Basic Emergency Neonatal Obstetric Services (BEmONC), HR, Facilities, and Infrastructure, Referral System

I. INTRODUCTION

Basic Emergency Maternal Obstetric, and Newborn Care (BEmONC) an intervention that is carried out to save the soul which is the main cause in cases of maternal, and newborn deaths Maternal, and newborn mortality is one of the most important global health challenges, especially in developing countries, and causes the maternal mortality rate (MMR) to increase. The maternal mortality rate (MMR) in developing countries is 20 times higher, which is 239/100,000 live births compared to MMR in developed countries, which is 12/100,000 live births (Ansari et al., 2015).

According to WHO reports globally, an estimated 275,999 maternal deaths worldwide. In 2015 there were 2.7 million neonatal deaths and 2.6 million births in the third trimester. One cause of maternal death is obstetric, and neonatal complications (Morgan et al., 2018). In Indonesia, from the results of the 2015 intercensal population survey, the maternal mortality rate is still high at 305 per 100,000 live births. still far from expectations, the Mil-
lennium Development Goals (MDGs) that received a Maternal Mortality Rate in 2015 were 102 per 100,000 live births. According to the local area monitoring routine report, the direct causes of maternal deaths are bleeding, pregnancy poisoning, and infection. This condition is also supported by the socio-economic of many people who are still in the poverty line, as well as health facilities, and health workers that have not been fully spread throughout Indonesia. Thus, it is expected that in 2030 the maternal mortality rate will be less than 70/100,000 live births according to the target, not just a dream (Badan Pemerintahan Statistik, 2016).

Cases of maternal deaths that occurred in 2017 in West Borneo Province, there were 98 cases of maternal deaths. So, if the maternal mortality rate is counted with 86,572 live births, maternal mortality in the province of west borneo in 2016 is 113 per 100,000 live births. The biggest maternal death case in Sanggau Regency is 15 and followed by Ketapang Regency, Sintang Regency, and Kubu Raya Regency which is 11 (Dinas Kesehatan Provinsi Kalimantan Barat, 2017). Kubu Raya Regency is the 4th largest contributor to mortality in 2017. The maternal mortality rate in Kubu Raya Regency in 2016 increased compared to 2015. This is indicated by the increase in maternal mortality if in 2016 it was 97.65/100,000 live births, which was 12 cases while in 2015 there were 11 cases as many as 87.5/100,000. The results of the Maternal Perinatal Audit (MPA) concluded that the cause of maternal death in 2016 was severe pre-eclampsia by 33% (4 cases), bleeding by 17% (2 cases), heart failure 17% (2 cases), sepsis 17% (2 cases), and other 16% (2 cases) whereas in 2017 the maternal mortality rate was 11 cases. The development of infant mortality in the Kubu Raya Regency was 49 cases and decreased in 2017 by 33 cases (Health profile of the stronghold, 2018).

The main reasons for maternal deaths are also due to the lack of skilled birth attendants, remote areas, insufficient health facilities, late referral for management of emergency obstetric management, and poor implementation of interventions at BEmONC (Elmusharaf et al., 2017). The United Nations (UN) has supported two main strategies that support increasing maternal mortality, namely access to care and ensure that women get good quality in managing obstetric emergency management (Henry et al., 2018). Management of emergency management can be a way to reduce MMR by providing good health facilities through the BEmONC program, and the Comprehensive Emergency Neonatal Obstetric Services (PONEK) (Mirkuzie et al. 2014). Service readiness at public health center reaches 71%, services, 62% of BEmONC services, and non-communicable diseases only reach 79%. This lack of readiness is mainly due to the lack of available facilities, incomplete medicines, medical facilities, and equipment, increased health personnel, and inadequate quality of services (Kementrian Kesehatan RI, 2015).

Apart from strong evidence that the importance of implementing BEmONC, and Comprehensive BEmONC can reduce MMR, several inhibiting factors pose challenges namely lack facilities, and infrastructure, gaps in training, and limitations in resources humans (Chi et al., 2015). Transportation accessibility and distance to health facilities are also factors associated with maternal, and child mortality rates. About 80% of maternal deaths can be prevented if women have access to health services (Mian et al., 2015). Several ways to improve the implementation of BEmONC based on standard operational management criteria related to adequate physical resources such as adequate equipment, equipment, and resources, and human resources or competent staff to diagnose, and correct emergency problems (Tembo et al., 2017)

Also, advocacy for delivery of infrastructure to service facilities, and capacity building for health providers through Human Resources for health training programs(Niyitegeka et al., 2017). Preliminary studies conducted at the BEmONC public health care in Kubu Raya Regency, namely the Sungai Ambawang public health center, and Sungai Kakap public health center through interviews with midwives, and doctors obtained the results of BEmONC implementation at both health center still requiring funds for various types of facilities, and infrastructure needed and distributed with less Human Resources. Based on this background, researchers are interested in researching the Evaluation of the program for implementation of BEmON in Kubu Raya Regency, which is the fourth-largest contributor to maternal mortality in West Borneo Province. This needs to be done to see whether the implementation of the BEmONC program has been carried out properly under existing standards seen from the indicators of Human Resources (HR), infrastructure facilities, and the implementation of referrals which is one way in reducing the Maternal Mortality Rate (MMR), and Infant Mortality Rate (IMR).

II. RESEARCH METHODS

This research is a research implementation that aims to conduct scientific research on health-related policies, health service providers, and programs. The design of this study uses a combination of methods (mixed methods), and sequential strategies (phased). The sequential combination method model is a research procedure where re-
searchers gather qualitative, and quantitative data by combining them in different periods. This study uses a sequential exploratory design method that is to collect, and analyze qualitative data first, then proceed with collecting quantitative data that is built through qualitative results.

Informants on Qualitative Research. The sampling technique in this study used purposive sampling. The number of informants in this study was 13 people. The informants consist of 1 Head of Health Service, 2 Head of BEmONC public health center, 6 Core BEmONC Teams consisting of 2 Doctors, 2 Midwives, and 2 Nurses, 2 maternity mothers who made referrals, and 2 Midwives villages. The selection of research informants was chosen based on certain predetermined criteria, and objectives. The informants who have been included in this study are:

- a. Head of the Health Service as a policymaker at the district level
- b. Head of the public health center as a decision-maker at the public health center level
- c. Health workers who have received BEmONC training certificates are doctors, nurses, and midwives
- d. Maternity mothers who make referrals
- e. Village midwife

In quantitative research, researchers check the components of BEmONC implementation that have been or have not been met using the Checklist sheet instrument through the study of documentation with observation population and sample in quantitative research.

The research will be conducted at the BEmONC Community Health Center in Kubu Raya Regency, the Sungai Ambawang public health center, and the Sungai Kakap public health center in West Kalimantan. November-December 2019.

III. THE RESULTS

1. Research Results of the Implementation of the BEmONC Program at the BEmONC Community Health Center, Kubu Raya Regency, West Borneo

a. Qualitative research is based on the results of the In-depth Interview.

Qualitative research results obtained through in-depth interviews, and presented in the form of categorization, and coding tables, and quotations "quotations" which are then written with narration with a direct quote from the results of the interview. The interview schedule is conducted starting from 18 November 2019 - 02 December 2020. The duration of time used during the in-depth interview is ± 60 minutes, and is illustrated in the following table:

a) Characteristics of Informants

There were 13 informants who participated in this study. From the overall respondents, the description of the observed characteristics of respondents includes gender, age, and education. The informant age is those aged 25-30 years as many as 36 (53.85%), and the smallest are those aged 25-30 years, and 31-35 years old (7.6%). Informant education is D3, D4, and S1 educators (23.08%), and the smallest is those with high school, and S2 education (15.38%), and Gender from information was Female Sex (61.54%), and the smallest is Male Sex (38.46%).

b) The Aspects of Human Resources (HR)

The aspects of Human Resources (HR) are presented in the graph as follows:
Based on the in-depth interview results that researchers conducted at the Sungai Kakap public health center, Ambawang public health center, and the health office regarding aspects of Human Resources (HR) in the implementation of BEmONC, the results obtained are the availability of specialist doctors in charge, training or knowledge updates about BEmONC, division of hours of work hours, giving punishment by health center care, rewarding from health center care BEmONC meetings, there are SK of BEmONC implementation, BEmONC Core TEAM, BEmONC Support TEAM, time involved at BEmONC.

c) Facilities, and Infrastructure Aspects

Facilities and Infrastructure aspects are presented in the graph as follows:

Judged from the final meaning category, based on the results of the interview that researchers conducted at the Sungai Kakap public health center, Ambawang public health center, and the Health Service regarding aspects of facilities, and infrastructure, namely the feasibility of facilities, and infrastructure, obtaining a budget for BE-mONC, and maintenance, and repair of goods.
d) Reference Aspects
Reference aspects are presented on the graph as follows:

**Figure 3**
Frequency Distribution of Crosstab Queries Based on Referral Aspects

Based on the in-depth interview results conducted by researchers at the Sungai Kakap public health center, Ambawang public health center, and the Health Office regarding the referral aspect, namely the existence of a referral case, conducted a Maternal Perinatal Audit (MPA), Documentation, and reporting, the involvement of the village midwife, the availability of tools in the ambulance, referral guidance, process flow referral to BEmONC Hospital, and SOP in case of emergency.

The results of the project map above, the cluster results are obtained from the aspects of the Reference, where-from the coding results obtained there are conclusions of some coding results that are very closely related to the Facilities, and infrastructure aspects as below:

e) Barriers to Implementing BEmONC
Barriers to implementing BEmONC are presented in the graph as follows:

**Figure 4**
Frequency Distribution of Crosstab Queries Based on Obstacles in implementing BEmONC
Based on the in-depth interview results conducted by researchers at Sungai Kakap public health center, Ambawang public health center, and health office regarding obstacles in the implementation of BEmONC, that is BEmONC health center, which is not under standard rules, there is no regency hospital, BPJS, geographical location, referral process, facilities, and infrastructure, and HR.

Below there are crosstab results, which are cross results from coding results, and research sites on obstacles in implementing BEmONC, which are as below:

Graph 1
Frequency Distribution of Crosstab Queries Based on Obstacles in the implementation of BEmONC

Graph 1 shows that the results of obstacles in the implementation of BEmONC at the main Kakap from the graph 1 show that the results of obstacles in the implementation of BEmONC at the main health center Kakap the most dominant aspect is the facilities, and infrastructure and the smallest is the geographical location. Ambawang public health center the most dominant aspect is Human Resources (HR), and the smallest is geographical location. The most dominant health service is geographical location.

f) The linkage between Expectations from the implementation of the BEmONC, and the Follow-up Plan to be carried out by the Kubu Raya Regency Health Office in West Borneo

The results of interviews conducted at the Sungai Kakap public health center, Ambawang public health center, and health department, it was found that there was a link between the expectations of the implementation of the BEmONC that was already running in the Kubu Raya Regency and the follow-up plan by the health department. This is based on the obstacles presented by informants in the implementation of this BEmONC so that this research can provide the right solution to the problems that make BEmONC in the Kubu Raya Regency not going well.

Therefore, it can be seen through the visualization of the chart below where the expectation of the implementation of the BEmONC is in line with the follow-up plan by the Kubu Raya Regency health office, as follows:
The connection between the expectations of the implementation of the BEmONC, and
the follow-up plan of the National Health Agency

![Diagram showing the connection between expectations and follow-up plans]

The results of figure 5 state that the expectations in the implementation of PONED in the Kubu Raya Health Center, Sungai Kakap public health center, and Ambawang public health center, namely training, and knowledge updates for the Core Team, and Support Team, the results of reporting, and documentation based online, reducing the MMR, and IMR, reducing the number of referrals to Hospital, and facilities, and infrastructure are equipped. This, in line with the Follow-Up Plan for BEmONC implementation, is to equip the public health center with facilities, and infrastructure under standards, conduct training or update knowledge about BEmONC for Core Teams, and BEmONC supporting Teams, add BEmONC health center and build district hospitals.

b. Data analysis was based on interviews with the implementation of the BEmONC Program at the BEmONC Community Health Center in Kubu Raya Regency

Interviews regarding the implementation of the BEmONC were conducted on 13 informants involved in the implementation of the BEmONC. The aspects of BEmONC implementation consist of categorizing the final meaning which consists of Human Resources (HR), Facilities, and Infrastructure, and Referral Systems, obstacles in implementing BEmONC, expectations of BEmONC implementation, and follow-up plans from evaluating the implementation of BEmONC.

1. Human Resources (HR)
   a) BEmONC Core Team Criteria
   b) Criteria in implementing BEmONC are important in the ongoing implementation of BEmONC at the health center such as the adequacy of HR/Core Teams that must be owned by the health center to support the implementation of BEmONC. This can be seen from the snippet of the informant’s statement as below:
   
   "If the Human Resources is because we have received a certificate, it means it is feasible ... because it has passed the training. Only three of us were trained, they were the most APN trained by midwives. actually, it's just lacking 3 ... " (If9)
   
   c) Support Team
   d) Meeting
   
   The meeting is important in the implementation of the BEmONC to see the extent to which developments, and explore the problems that occur in Ambawang, and Sungai Kakap public health center in the implementation of
BEmONC so that solutions can be found from the problems that occur. This can be seen from the snippet of the informant's statement as below:

"Maybe if it's just a kind of socialization meeting ..., and there are a number of notes for the department, and the office also has a meeting to discuss some of the problems that occur ... we have been training, and all the health centers have gathered to discuss how this BEmONC is ..." (If3)

e) Training/update knowledge

Training/update knowledge is important, especially in handling emergency cases, especially for health workers. The BEmONC public health center has a Core Team and a Support Team that should receive knowledge updates for the achievement of good BEmONC implementation at the public health center so that the goal of reducing maternal mortality, and infant mortality rates can be overcome. This can be seen from the snippet of the informant's statement as below:

"There has never been any special training for the BEmONC TEAM after the training held by the DHO. (If2)

f) Division of labor time

The implementation of BEmONC is related to the name of working hours because the BEmONC Core Team Staff must always be ready 24 hours/day, and 7 days/week. This can be seen from the snippet of the informant's statement as below:

"We are difficult 24 hours. So like this ... I'm in the ER, if in the ER 3 doctors BEmONC me right, if there is me yes they immediately consul if there is no yes on call. I am the person in charge when there are problems. if in the morning I can still ... if in the afternoon, and evening replaces with a picket. for 24 hours there is still only a doctor for the second BEmONC, right there is no BEmONC certificate just to handle it anyway ... If 9 "

2. Facilities, and Infrastructure

Based on the results of in-depth interviews conducted by researchers regarding the aspects of Facilities, and Infrastructure, it was found that the informant said that the facilities and infrastructure at the BEmONC public health center Kubu Raya Regency were not yet under the standard so that more needed to be added, and improved as the main steps to implement the BEmONC could go well, and in accordance standards so that health workers can use the facilities properly in handling emergency obstetric, and neonatal cases

The results of Facilities and Infrastructure that are closely related are obtaining a budget for BEmONC, the feasibility of facilities, and infrastructure, and maintenance, and repair of goods. This is supported by an excerpt from the informant's statement as below:

a) Obtaining a budget of BEmONC

Facilities and infrastructure are very closely related to the budget that must be spent for the implementation of the BEmONC to run well. Obtaining the budget can be obtained from the public health center itself, the health office, or the local government. This can be seen from the snippet of the informant's statement as below:

"According to the information that I got from the specialist in the construction of infrastructure, it needs to be improved because from the BEmONC level, we are not 100% BEmONC. The budget depends ... if the need for immediate equipment and small costs are usually public health center, public health center facilitates according to the portion, and according to what is available in the planned budget ... but if it is large it is obtained from the health department. "(If2)

b) Feasibility, and appropriateness of facilities, and infrastructure

Feasibility, and appropriateness of facilities, and infrastructure become the main conditions in the implementation of BEmONC in health center because, with the availability of facilities, and infrastructure that is under the standards, the implementation can run well, and facilitate the team in providing health services in emergency cases so that emergency patients can be helped. This can be seen from the snippet of the informant's statement as below:
"The infrastructure is not yet appropriate. CTG, infusion pump is needed, and autoclave. So, 4 public health centers appointed by PONED do not yet exist... CTG equipment, the infusion pump is not only in Ambawang... It is also said to be the case, Durian river is also like, and in Kubu too. The standards are not standard yet, but we are pressured to comply with the standards. They should fulfill its first right... so in the end, it will be difficult..."

(if10)

c) Maintenance, and care of goods

Maintenance and care of goods carried out by the health center to maintain the facilities, and infrastructure that already exists in support of the implementation of BEmONC. This can be seen from the snippet of the informant's statement as below:

"Not appropriate. farh.. hehe... Yesterday, during the training, the doctor asked for a CTG, the sterilizer is not the most autoclave. There is no... only 1 maternity bed... if the room is still lacking, but God willing, in the future, there will be development, yeah... that's what I expect with this development plan. That's what I hope with this development plan can provide improvements to the Sungai Kakap Public Health Center. If it is for a small repair, it is usually a public health center, but for large ones, submit it directly to the Dinas." (if4)

3. Referral System

The results of the Referral System that are closely related are the process, and the flow of referrals to BEmONC Hospital, the availability of tools in the ambulance, the linkages of village midwives, a perinatal maternal audit (MPA).

a) process, and referral flow to BEmONC Hospital

The process and referral flow that is under the BEmONC implementation guidelines are referral from the PONED public health center to the BEmONC hospital, but there are still a number of hospitals that are not standardized by the BEmONC Hospital so that the BEmONC public health center still only makes a referral to the referral hospital. This can be seen from the snippet of the informant's statement as below:

"If our referral system is like an... we are going through a call because it goes back to the patient because most BPJS are well if the BPJS is tiered. From the public health center, we first ask the patients, where will we call the hospital, if it is ready, we will go there, so if they refuse, because it is full of rooms, we will search for hospitals at the same level, which will swim. I do not understand what levels... (if10)

b) Getting a device in the ambulance

The ambulance is one of the infrastructures used as part of the implementation of the BEmONC as a referral process so that it runs well to help deliver patients who have an emergency so that they can be handled by BEmONC hospital or a referral hospital whose facilities, and infrastructure are more complete. This can be seen from the snippet of the informant's statement as below:

"In the ambulance, there is adult oxygen, baby oxygen continues to set the parturition anyway... Especially in the ambulance, we don't usually take it from midwifery. If we keep it in the ambulance, sometimes there are public patients, so we don't dare to leave it. (if3)

c) Involvement of village midwife

Village midwives are part of the implementation of the BEmONC program, especially in the referral system, because the correct path for conducting referrals is from the village midwife to the BEmONC public health center then proceed to the BEmONC Hospital or referral hospital if the BEmONC public health center is unable to handle emergency cases. This can be seen from the snippet of the informant's statement as below:

"On average, village midwives or patients come in person too much... there are also many deliveries because shamans were paid before, now shamans are paid based on how much they deliver the health facilities so they are enthusiastic... if the cadres are different the cadres are usually normal every 3 months... ordinary midwives call
telephone directly, and receive them normally only by telephone ... if we can handle them in the health center here if we don't refer them. "(If 4)

d) Maternal, and Perinatal Audit (MPA)

Maternal and Perinatal Audit (MPA) is one way to find out the incidence of maternal, and infant mortality in Indonesia. One of the reasons why MPA is important in the implementation of BEmONC because it is under the objectives of the BEmONC to reduce MMR, and IMR so that MPA is carried out by related parties such as the health department, and public health center supported by specialist doctors to find out the causes of MMR, and IMR, and find solutions to death cases the. This can be seen from the snippet of the informant's statement as below.

"The internal audit is carried out periodically in the coordinating midwife coordinator, and TIM. If in snapper if the help from the big snapper health center, thank God there is none, but if there is a snapper public health center area, it is helped in the hospital because its population status is in the area of the big health center. "(If 2)

4. Implementation Barrier BEmONC

Judging from the categorization of the final meaning, based on the results of in-depth interviews conducted by researchers regarding the obstacles in the implementation of BEmONC, several obstacles can lead to incomplete implementation of BEmONC, including BEmONC public health center that is not under standard rules, no Regency Hospital, BPJS, geographical location, referral processes, facilities, and infrastructure, and human resources. Can be seen from the explanation below:

a) BEmONC public health center that is not under standard rules.

The implementation of BEmONC in the regency public health center in Kubu Raya has been running but there are still many things that need to be considered by various parties, especially the standard of the implementation of this BEmONC that is not under the rules or guidelines. This can be seen from the snippet of the informant's statement as below:

"We are referring to the minimum service standard (SPM) mba ... so we try to get through it ... so that the BEmONC really shines .. because BEmONC now needs to be improved but with simplicity, it has a lot to answer ... (if 1)"

b) Does not yet have a district hospital

Kubu Raya does not yet have a regency hospital as a PONEK hospital which can be used as a referral center from the Kubu Raya health center. This can be seen from the snippet of the informant's statement as below:

"Secondly, we don't have this regency hospital to be one way to solve the problem, so while the PONED Public health center handles that ... (if 1)"

c) BPJS

In health services supported by BPJS in hospitals. Referrals are often made between midwives and BPJS related cases that can be borne by BPJS or not. This can be seen from the excerpts published below:

"We sometimes have a different perception when referring, sometimes there is an old one ... the case is like this ... serotine is for example ... interpreters don't need to be referred for fear of oligo or all kinds ... but if it's 42 weeks House Pain does not want if BPJS get there normally is considered normal for patients to feel sorry for their patients .. sometimes city hospitals are like that ... the ones that are received are really problematic. (If 4)"

d) Geographical location

The geographical location of the regency consists of land and water. This can be seen from the snippet of the informant's statement as below:
..., and geographical location is also a determinant. because the distance is far, and this is very influential also for this BEmONC so it seems that this BEmONC is less alive (If 1) 

e) Referral Process

The referral system implementation in the sungai Kakap public health center and Ambawang public health center has not run according to the referral flow implementation of the BEmONC. This can be seen from the snippet of the informant's statement as below:

"If the reference system is an obstacle for collaboration, here. for example, the patient is ready to be referred but the hospital is not ready yet ... that's all I think. Not yet from BEmONC to BEmONC ... because we are the true PONEK Hospital, we don't have any news ... (If 11) "

f) Facilities, and Infrastructure

Kubu Raya Regency has BEmONC public health center but such rooms are insufficient according to the standards of public health center implementation capable of BEmONC so that it still joins rooms, and BEmONC implementation is not optimal Some of the tools that are needed in the implementation of BEmONC are not available such as CTG, Infusion Pump, and Autoclaf. This can be seen from the snippet of the informant's statement as below:

"The obstacle is that before our training, there are items that must be filled with the health center's facilities. We can BEmONC, of the many items, many of them have not yet been fulfilled, while from the team who trained us, we were told to check, while the conditions are BEmONC, only one of them is not feasible. so ... (If 9). "

g) Human Resources (HR)

The support team at the BEmONC Sungai Kakap public health center and Ambawang public health center have not received training and an assignment letter as a Team in the BEmONC implementation. This can be seen from the snippet of the informant's statement as below:

"Our biggest obstacle in the BEmONC is indeed in infrastructure, and human resources is still very lacking ..." (If 1).

2. Research Program on the Results of the Implementation of BEmONC at the BEmONC Community Health Center in Kubu Raya Regency, West Borneo based on observations, and Documentation Studies.

Quantitative research results were obtained through data collection in the form of observations made at the time of the implementation of the BEmONC conducted on December 23, and 30, 2019. Observations were made after in-depth interviews.

a) Monitoring of facilities, and infrastructure

The level of readiness of facilities, and infrastructure for the implementation of the BEmONC Program at the Kubu Raya Regency Health Center in West Borneo Province namely Sungai Kakap Public Health Center, and Ambawang public health center-based on each aspect can be seen in the following table:
Table 1
Distribution Table of BEmONC Implementation Readiness in the aspects of the effort area

<table>
<thead>
<tr>
<th>No</th>
<th>The focus of the data seen from the implementation of PONED</th>
<th>Sungai Kakap Public Health Center</th>
<th>Ambawang Public health center</th>
<th>Skor Obtained</th>
<th>Skor Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Room Specifications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Sungai Kakap Public Health Center</td>
<td>Ambawang Public health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>has an area for infection prevention as a condition for implementing BEmONC, namely cleanliness, lighting, ventilation, and a sink for washing hands.</td>
<td>has an area for infection prevention efforts as a prerequisite for implementing BEmONC, namely cleanliness, lighting, ventilation, and a sink for washing hands.</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In the furniture, the big snapper public health center does not have officers' shelves/hangers.</td>
<td>In the furniture furnishings, Ambawang public health center has all the furniture needs in the implementation of BEmONC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clean shoe racks in the corridor, and cupboards for personal items.</td>
<td></td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sungai Kakap Public Health Centers have material supplies for infection prevention purposes such as soap, brushes, disinfectants but are not equipped with towels/tissues/hand dryers, and tools for boilers/steaming namely autoclaves.</td>
<td>Ambawang Public health centers have equipment supplies for infection prevention purposes such as soap, brushes, disinfectants, towels/tissues/hand dryers but are not equipped with a boilers/steamer namely autoclave.</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Skor Obtained</td>
<td></td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: Value Required: 15

The results of the study in table 1, it is obtained that for the area of Prevention of Infection (PI) a score of 10 out of 15 was obtained, and in Ambawang public health center a score of 12 out of 15 was carried out at the BEmONC health care in the Kubu Raya Regency of BEmONC. The area for infection prevention efforts must have room specifications, furniture equipment, and materials that are of a good standard.
### Table 2
Distribution Table of BemONC Implementation Readiness in the Stabilization Area aspects in the Obstetrics Room

<table>
<thead>
<tr>
<th>No</th>
<th>The focus of the data seen from the implementation of PONED</th>
<th>Sungai Kakap Public Health Center</th>
<th>Ambawang public health center</th>
<th>Skor Obtained</th>
<th>Skor Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Room Specifications</td>
<td>Sungai Kakap Public Health Center has a stabilization area in the obstetric/emergency room as a condition for the implementation of the PONED, namely cleanliness, lighting, ventilation, sinks, and electric plugs that function well but the room specifications do not meet the building area standards.</td>
<td>Ambawang Public health center has a stabilization area in the obstetric/emergency room as a prerequisite for the implementation of PONED namely cleanliness, lighting, ventilation, sinks, and electric plugs that function well but the room specifications do not meet the building area standards.</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Furniture</td>
<td>In the furniture of the big health center furniture, the stabilization room has a check table for mothers, and an instrument/equipment table. Sungai Kakap Public Health Center has a range of materials in the stabilization area such as oxygen supply, wall clocks, emergency light blankets, adult stethoscopes. Adult resuscitation sets consist of all equipment except the minimum pipe, and neonatal resuscitation set consisting of all equipment except respiration balloons and catheters.</td>
<td>In the furniture of the big health center furniture, the stabilization room has a check table for mothers, and an instrument/equipment table. Ambawang Public Health Center has a range of materials in the stabilization area such as oxygen supply, wall clocks, emergency light blankets, adult stethoscopes. Adult resuscitation sets consist of all equipment, and neonatal resuscitation sets consist of all equipment.</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Material Supplies</td>
<td>20</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Value Required: 15
The results of the study in Table 2, the results show that for the stabilization area in the obstetric room, a score of 27 of 31 was obtained, and in Ambawang Public Health Center a score of 30 of 31 was carried out at the PONED at the PONED Public health center, Kubu Raya Regency. The stabilization area in the obstetric room must have room specifications, furniture equipment, and materials that are of a good standard.

Table 3

Distribution Table of BEmONC Implementation Readiness in the Stabilization Area aspects

in the Neonatal Room

<table>
<thead>
<tr>
<th>No</th>
<th>The focus of the data seen from the implementation of PONED</th>
<th>Sungai Kakap Public Health Center</th>
<th>Skor Obtained</th>
<th>Ambawang Public Health Center</th>
<th>Skor Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Room Specifications</td>
<td>Sungai Kakap public health center does not have a special area for stabilization in the neonatal/ emergency room as a condition for implementing PONED. While the room is still joined by the obstetric stabilization room.</td>
<td>0</td>
<td>Ambawang public health center does not have a special area for stabilization in the neonatal/ emergency room as a condition for implementing PONED. While the room is still joined by the obstetric stabilization room.</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Furniture</td>
<td>In the furniture of the big health center furniture in the neonatal stabilization room, has a baby check-table, a wall clock as a time guide, and a blanket but does not have a special table for equipment.</td>
<td>4</td>
<td>In the furniture of the Ambawang public health center furniture, the neonatal stabilization room has a baby check table, a wall clock as a time guide, and a blanket but does not have a special table for equipment.</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Material Supplies</td>
<td>Sungai Kakap public health centers have neonatal stabilization supplies such as level II, and III oxygen supplies, emergency lights, heaters, and resuscitation boxes consisting of all equipment except self-inflating balloons, laryngoscope blades, AA batteries, backlight bulbs, reservoir hoses, oxygen masks, oxygen masks, and endotracheal tubes, and umbilicus catheters, and umbilicus mounting equipment.</td>
<td>10</td>
<td>Ambawang public health centers have neonatal stabilization supplies such as level II, and III oxygen supplies, emergency lights, heaters, and resuscitation boxes consisting of all equipment except neonatal stethoscopes</td>
<td>23</td>
</tr>
</tbody>
</table>

Total Skor Obtained: 14, 27

Note: Value Required: 15
The results of the study in table 3, it is obtained that the stabilization area in the Neonatal room obtained a score of 14 out of 34, and in Ambawang public health center obtained a score of 27 out of 34 in the implementation of BEmONC in public health center Kubu Raya Regency. The stabilization area in the obstetric room must have room specifications, furniture equipment, and materials that are of a good standard.

Table 4

Distribution Table Readiness for BEmONC Implementation in the Delivery Room

<table>
<thead>
<tr>
<th>No</th>
<th>The focus of the data seen from the implementation of PONED</th>
<th>Sungai Kakap Public Health Center</th>
<th>Skor Obtained</th>
<th>Ambawang public health center</th>
<th>Skor Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Room Specifications</td>
<td>Sungai Kakap Public Health Center has a delivery room area as a condition for the implementation of the PONED, which is a room specification, cleanliness, lighting, ventilation, sink, and a functioning electric plug</td>
<td>6</td>
<td>The Ambawang Public Health Center has a delivery room area as a condition for the implementation of the PONED, which is a room specification, cleanliness, lighting, ventilation, sink, and a functioning electric plug</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In the provision of the delivery place, the Sungai Kakap Public health center has an obstetric bed, instrument cabinet, table, and chairs but does not have a refrigerator in the delivery room.</td>
<td>6</td>
<td>In the maternity center, the Ambawang public health center has an obstetric bed, instrument cabinets, tables, and chairs but does not have an instrument table, spotlights, and helper chairs that can go up, and down</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sungai Kakap public health centers have maternity room supplies such as oxygen, emergency lights, incubators (only have 1), baby warmers, and scales, and emergency power generators but do not have tools/instruments such as vacuum, forceps, and AVM.</td>
<td>6</td>
<td>Ambawang public health center s has maternity room supplies such as oxygen, emergency lights, incubators (only have 1), baby warmers, and scales, and emergency power generators but do not have tools/instruments such as vacuum, forceps, and AVM.</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Skor Obtained</td>
<td>18</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

Note: Value Required: 15

The results of the study in table 4, it is obtained that for the readiness of the implementation of BEmONC in the maternity room, a score of 18 out of 20 was obtained, and in Ambawang public health center a score of 16 out of 20 was carried out in the BEmONC public health center in the Kubu Raya Regency of BEmONC. The stabilization area in the obstetric room must have room specifications, furniture equipment, and materials that are of a good standard.
In addition to the components that have been fulfilled, some components have not been fulfilled in the implementation of the BEmONC Program including:

a) Resuscitation, and Stabilization Areas in the Neonatal Room

The results of the table in 4.4 show the results that in the room specification section in Sungai Kakap Public Health Center obtained a score of 0 out of 6, and in the Ambawang public health center obtained a score of 0 out of 6 for the Stabilization area in the Neonatal/Emergency Room in the implementation of the BEmONC public health center BEmONC Kubu Raya Regency. For the Stabilization area in the Neonatal room from the observation result, the two health centers do not yet have a special room for Neonatal, but they are still joined in the delivery room. BEmONC public health center should have different, and separate rooms under BEmONC public health center requirements.

b) Intensive care unit/eclampsia/sepsis

The results of observations at the intensive care unit for eclampsia, and sepsis at the Sungai Kakap Public Health Center, and Ambawang Public Health Center are not yet available. Ideally, the BEmONC public health center should have a special room for intensive care in cases of eclampsia, and sepsis as well as other cases that need special care for recovery after the BemONC, and other actions.

IV. DISCUSSION

Program evaluation uses the Guidelines for BEmONC Able Health Centers to assist researchers in conducting program evaluations. BEmONC is a successful approach in increasing knowledge, and skills. There is evidence emerging from this resulting in increased availability, and quality of service (Ameh & van den Broek, 2015).

In discussing the results of this study, the researchers also evaluated the implementation of the BEmONC as below:

1. Human Resources (HR) Aspect

Human Resources are individuals who work as activators of an organization, both institutions, and companies, and function as assets that must be trained, and developed (Wikipedia, 2016). The Human Resources (HR) components that are closely related to the Sungai Kakap Public Health Center are, the BEmONC Core Team, the BEmONC Support Team, the BEmONC Meeting, the division of working hours, and Training or knowledge updates about BEmONC.

   a) The TIM Core BEmONC

   The results of research at the BEmONC public health center Kubu Raya Regency, the Ambawang public health center, and the Sungai Kakap Public Health center have a Core Team consisting of 1 Doctor, 1 Midwife, and 1 Nurse. This is Under the Guidelines for the Implementation of Basic Emergency Neonatal Obstetrics (BEmONC) by which the core BEmONC team is a trained and certified health worker from the Center for Training of Health Workers who have been certified as a provider of BEmONC Training. The core team of public health center implementing capable BEmONC consists of 1 General Practitioner, a Midwife of at least D3 1 person, and a Nurse of at least D3 1 person (Kementerian Kesehatan RI, 2013). Under the results of other studies state that the availability of health workers is one of the most important elements for providing quality mothers, and newborn care (Kisakye et al., 2017). Loss of trained staff (if not replaced) means losing competence, and the leadership team (Broek et al., 2019).

   b) Support Team BEmONC

   The results of research at the BEmONC Community Health Center in Kubu Raya Regency, the Ambawang Public Health Center, and the Sungai Kakap Public Health Center through the In-depth Interview conducted, it was found that the Community Health Center had a Support Team that assisted the Core Team in the process of implementing BEmONC, but the Support Team had not received specific training and had not received a decree or assignment letter. given to the Team with details of duties, rights, obligations, authority, and responsibilities that
will be carried out by the Support Team. However, health workers in the Public health center assist each other in providing BEmONC services. This is not Under the BEmONC implementation requirements, namely having to have a BEmONC support team that has a certificate, and assignment letter (Kementerian Kesehatan RI, 2013)

In the Guidelines for the Guidelines for implementation of the BEmONC Able Health Center suggest that the BEmONC Support Team is a support health worker drawn from staff assigned in the inpatient, and outpatient rooms. These health workers must be able to meet certain criteria to become potential candidates for supporting BEmONC in the implementation of BEmONC in public health centers properly. The BEmONC support team must attend a periodic internship at the BEmONC Hospital, and attend on the job training at the public health center together with the core BEmONC team so that this personnel can then be played as supporting health workers in the administration of BEmONC (Kementerian Kesehatan RI, 2013).

c) Meeting

The results of research at the BEmONC Community Health Center, Kubu Raya Regency, the Ambawang Public Health Center, and the Sungai Kakap Public Health Center through the In-depth Interview, it was found that the meeting/face-to-face meeting was conducted as a form of evaluation by the health department to monitor the implementation of the BEmONC program. Because with the meeting, it will be known the advantages, and disadvantages of the implementation of the BEmONC program. This is consistent with the results of other studies that Supervision Support also provides opportunities to improve skills in developing appropriate strategies, such as training, and guidance. Inadequate support in supervision has been cited as a major contributor to the shortage of health workers. Usually done with the help of senior staff who have had many years of experience (Kisakye et al., 2017).

d) Training/Knowledge update

The results of the study, it was found that the public health center had sent the Core Team to participate in the BEmONC training but had never done an update/refreshment of knowledge after the first training. Also, the support team only received training from the BEmONC public health center Core Team, which was held at the Public health center through the Puslesmas Mini-Workshop for theory, and through real practice implementation in the field for practice. This is not Under the BEmONC implementation requirements, namely as an activity to improve the quality of health services through training or knowledge updates about BEmONC. In the implementation of BEmONC in Public health center health workers consisting of the Core Team, and Support Team should have participated in emergency training namely doctors, and midwives attending Neonatal Obstetric Emergency Training (GDON), and nurses attending First Aid training in Obstetric, and Neonatal Emergency (PPGDON) (Kemenkes, Ministry of Health, 2013). Skills and competency-based training in skilled midwives on obstetric, and neonatal emergencies is a good approach in improving knowledge, and skills, and service quality (Ameh & van den Broek, 2015).

The team developed training to be adapted and used by each country. Therefore, team members learn, and work synergistically to maximize the output of contact with facilities. The training is in two stages for more than seven (7) days. (Manu et al., 2018). The results of the evaluation of this process indicate that interventions such as training to improve clinical practice expertise and to exert influence in improving the quality of services in health facilities (Ellard et al., 2014). A tailored training approach might be important for achieving optimal training results, and impacts for different categories of professionals who have various background knowledge, and skills (Mirkuzie et al., 2014).

e) Time Division of working hours

The results of research at the BEmONC Community Health Center in Kubu Raya Regency, the Ambawang Public Health Center, and the Sungai Kakap Public Health Center do time distribution for working hours to the Team in implementing BEmONC. However, the division of working hours carried out at the public health center is based on the public health center shift schedule which is divided into morning, afternoon, and evening. Personnel included in the implementation of the BEmONC also still involve all health workers be it doctors, midwives, or nurses who have not yet received an assignment letter as the Core Team for the implementation of the BEmONC. This is not Under the established rules, namely that the BEmONC Core Team Staff must always be ready for 24 hours/ day, and 7 days/ week in implementing PONED ((Kementerian Kesehatan RI, 2013). Studies have shown

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that the main factors identified are poor quality of care when there is a failure to perform 24-hour service, lack of medicines, and supplies, and low competence of traditional birth attendants (Kisakye et al., 2017). We comprehensively assess the quality of service in health facilities in the Brong Ahafo region in Ghana, given the care of mothers, and newborns, routines, and emergencies. We use information about the performance of signal functions, the availability of drugs, equipment, and staff needed to provide 24-hour service (Nesbitt et al., 2013).

2. Facilities, and infrastructure

The Big Indonesian Dictionary states that facilities are everything that can be used as a tool in achieving goals or objectives., and infrastructure is everything that is the main support of the implementation of a process. The results of facilities and Infrastructure that are closely related are Obtaining a budget for BEmONC, the feasibility of facilities, and infrastructure, and maintenance, and repair of goods.

a) Obtaining a budget for BEmONC

The results of research on obtaining a budget for BEmONC, it was found that the budget was obtained through public health center funds for small equipment needs, through the health department for large medical equipment needs, and the local government for building and building needs to be used for BEmONC implementation. Obtaining the budget is adjusted from each of the public health center's needs. The budget line to cover all costs for the poor must also be put in place to overcome ongoing barriers to access to care faced by the poorest groups (this is raised by equity analysis, and financial analysis. Policy guidelines must be clarified, and administrative workload for staff reduced, such as requested by the staff, and managers interviewed (Ganaba et al., 2016).

b) feasibility of facilities, and infrastructure

The results of research on the feasibility of facilities, and infrastructure for BEmONC, it was found that the Ambawang public health center and Sungai kakap public health center did not yet have good feasibility for facilities and infrastructure. The facilities and infrastructure in the public health center are contained in the guidelines for the implementation of a capable public health center that must-have requirements that must be met which consist of buildings, equipment, and consumables. Namely: BEmONC public health center service building consists of outpatient, and inpatient care. The outpatient treatment building at the BEmONC public health center service consists of the Emergency Room, ANC Services, PNC, KB Post-partum (Kementerian Kesehatan RI, 2013).

Equipment according to the standard in type, and amount must always be available in a clean condition or in a sterile, and ready-to-use state, for example, for completeness, namely inpatient facilities, action/delivery rooms, obstetric/neonatal emergency rooms, or general emergency rooms, and MCH standard equipment in outpatient settings public health center (Kementerian Kesehatan RI, 2013). Before starting training of health service providers in South Africa, a baseline survey conducted at 133 health service facilities in the intervention districts found that none of 53 health services provided seven BEmONC signal functions, and only 56% (80) of hospitals provided all nine signal functions comprehensive obstetric care. (van den Broek et al., 2019) The availability of BEmONC services is the main strategy to ensure that pregnant women and newborns have access to well-functioning facilities that include various maternal, and newborn services (Kisakye et al., 2017). Preparing medicines, and consumables, namely Provided drugs, and consumables, both types, and quantities must be sufficient with a minimum buffer stock as needed. Availability of medicines, and consumables in inpatient facilities as needed (Kementerian Kesehatan RI, 2013).

In accordance with the results of research conducted, the basic services of BEmONC must always be facilitated, including the administration of parenteral antibiotics, perinatal antibiotics, oxycotic, and anticonvulsants drugs, manual removal of the placenta, removal of retained products, and vaginal delivery. Facilities that provide comprehensive services must do all the basic things of the BEmONC Service, as well as the cesarean section, and the provision of blood transfusions (Kisakye et al., 2017). In line with a multicountry survey, it was revealed that to assess the availability of the obstetric emergency signal function, it shows that despite the availability of staff, the facilities are complete, but the obstetric emergency signal function is not available. This can be caused by a shortage of consumables, medicines, and equipment (Broek et al., 2019). There are gaps in the availability of infrastructure, equipment, medicines, and staff for maternal, and infant care, especially in health centers, in meeting the requirements for obstetric emergency facilities, and the number of obstetric emergency facilities (Wilunda et al., 2015).
c) Maintenance facilities, and infrastructure

The results of research on the feasibility of facilities, and infrastructure for BEmONC, it is found that the Ambawang, and Sungai Kakap public health centers have conducted an online system for reporting goods both incoming goods, and damaged goods that need to be repaired or replaced through the treasurer, and do regular checking, and maintenance of goods.

3. Referral System

A referral system is a service delivery system that carries out mutual responsibility for cases of illness or health problems both vertically in the sense of a unit with less capability to a more capable unit or horizontally in the sense of units with the same level of ability. (RI Ministry of Health, 2013). The results of the Referral System that are closely related to the implementation of the BEmONC are the process, and referral flow to the PONEK Hospital, the availability of tools in the ambulance, the linkages of the village midwives, a perinatal maternal audit (AMP).

a) Proces, and referral flow BEmONC hospital

The results of research on the feasibility of facilities, and infrastructure for BEmONC, it was found that the Ambawang public health center, and snapper public health center had not yet conducted the referral process, and flow Under the guidelines for the implementation of BEmONC capable of referring from the BEmONC public health center to BEmONC Hospital. Public health centers only make referrals to Pontianak City Hospital or Hospital or Maternity Hospital of the Kubu Raya Regency regardless of the status of the BEmONC Hospital or not.

These results are consistent with the role of regional hospitals to provide secondary care, and opportunities for district hospitals to refer patients. The difference in the proportion of the section between regional hospitals, and district hospitals that are ready shows that most district hospitals do not fully fulfill their role as BEmONC Hospital by providing health facilities (Compaoré et al., 2014). To achieve the goal of saving lives, and preventing disability, BEmONC services must be supported by evidence-based policies, trained with health professionals, and efficient referral procedures (Chi et al., 2015).

b) Availability of tools in the ambulance

The results of research on the feasibility of facilities, and infrastructure for BEmONC, it was found that the Ambawang public health center already had 2 ambulances, and the driver was assigned in shifts Under their respective hours of work to take patients who had an emergency department and were immediately referred to the hospital. On the other hand, the big health center has 2 ambulances while only 1 can operate because the ambulance has 1 strike, and only 1 driver owned, and not standby, come if there are only patients who will be delivered to the hospital to be referred. This is Under the guidelines for the implementation of capable BEmONC on referrals, namely public health center must have supporting facilities, namely transportation of patient referrals in the form of an emergency ambulance. The ambulance is equipped with medical equipment (emergency kit, 02 portable, transportable incubator). There are communication devices (medic radio/referral telephone) that can be functioned properly to support the implementation of referrals. Static in an action, and mobile room in an emergency referral ambulance (Kementerian Kesehatan RI, 2013).

c) The involvement of village midwives

The results of the study the involvement of village midwives found that the Ambawang public health center and the big health center had a village midwife who was responsible for health services in the village with the public health center working area. In this case, Under the authority of the village midwife who only performs normal deliveries, then when a patient experiences a state of emergency, a referral is immediately made to the PONED public health center for initial treatment of emergency cases. If the village midwife is late in making decisions, and handling referrals, then the patient may not be saved. In addition, the village midwife has the duty to provide counseling or health education on the dangerous signs of pregnancy, and early detection of complications in pregnant women so that patients can know from the beginning of the problems that occur in pregnancy.
Similar research in Kenya shows that pregnant women experience delays in making decisions to seek care, and in reaching appropriate care facilities. Lack of maternity preparation includes failure to identify danger signs in pregnancy, and difficulties in reaching health facilities that are affected by long-distance, and convenient transportation to health facilities (Echoka et al., 2014)

d) Does Maternal, and perinatal audits (MPA),

The results of research on maternal, and perinatal audits (MPA), it was found that in the Ambawang public health center, and snapper health centers, they had participated in maternal, and perinatal audits (MPA) which were held routinely by the Kubu Raya Regency health office or in case of death. MPA was attended by the head of the room from various health centers, and hospitals attended by health officials, and specialist doctors, to discuss the problem of death that occurred and find solutions to the cases that occurred. As with other studies, supervision is a way to monitor the quality of health services provided by health workers who have limited training. That way it can improve the quality of services provided at health facilities. However, this support is not always available in many developing countries. Moreover, those who supervise lack technical, and managerial skills, and may not have the authority to solve problems (Kisakye et al., 2017).

Conversely, better service quality reflects a far better mortality rate indicator for both mothers, and infants (Wilunda et al., 2015). The findings are to reduce mortality but highlight the need to improve the quality of services with available health workers (Ellard et al., 2014). More than 95% of women give birth in health care facilities, and many women with complications during childbirth have access to hospitals that are able, in principle, to provide BEmONC (Broek et al., 2019). The World Health Organization (WHO) recommends that countries should achieve cesarean delivery (cesarean section) at a rate of 10% at the population level, to achieve a reduction in maternal, and newborn mortality rates (Epiu et al., 2018).

4. Implementation Obstacle BEmONC

Obstacles found in the implementation of BEmONC in the Kubu Raya Health Center are Sungai Kakap Public Health Center, and Ambawang public health center which are BEmONC Health Center which is not Under standard rules, there is no District Hospital, BPJS, geographical location, referral process, facilities, and infrastructure, and human resources.

a) BEmONC public health center that is not Under standard rules

The results obtained that the BEmONC public health center has been operating in the Kubu Raya Regency, but there are still many that do not comply with the guidelines for implementing the capable BEmONC public health center listed in "Decision of the Director-General of Health Services Development Number Hk.02.03/ii/1911/2013 Concerning the Guidelines Implementation of Public health center Capable of Basic Emergency Neonatal Obstetric Services (BEmONC).

b) does not have its own district hospital

The results obtained in the district Kubu Raya does not have its own district hospital which is a referral hospital in handling emergency cases. This is in line with research where recommendations for the availability of health facilities state that for every 500,000 members of the population, there must be at least five obstetric emergency care facilities, including at least one comprehensive facility namely BEmONC Hospital (Oyerinde & Baravilala, 2014).

c) BPJS

The results obtained one of the obstacles to the implementation of the BEmONC is the BPJS. Some things that are related to BPJS are health services carried out by health workers, and diagnosis results that cannot be borne by BPJS at certain times so that the BEmONC Team must really pay attention to whether the Referral Hospital to be referred to is a collaborative hospital with BPJS or not. Burkina Faso, along with many other sub-Saharan countries, launched a subsidy policy aimed at reducing user costs for maternity services. The policy consists of partially waiving 80% of direct health care costs for all emergency obstetric care including transportation in refer-
ral cases, 80% of deliveries at district hospitals, and health centers, and 60% of uncomplicated deliveries at regional, and national hospitals, the remaining portion must be borne by the patient (Ganaba et al., 2016).

d) Geographical location

Kubu Raya is a regency whose geographical location surrounds the city of Pontianak, and consists of land, and water, and the distance from Kabupaupaten Hospital Kubu Raya also influences as in the Sungai Kakap Public Health Center because the location of the public health center is closer to the city of Pontianak so that the referral made is also not suitable for saving mothers, and babies who have complications. Similar to other studies, transportation accessibility, and distance to health facilities are also factors related to maternal, and child mortality (Mian et al., 2015). In addition to the increase in deaths from rural areas, it is possible that women spend more time on travel due to long distances to get to the hospital, and this might affect the survival of children (Manu et al., 2018). There are also facilities that are lacking but do not affect the level of service coverage in areas with physical distance, inadequate transportation (Zaidi et al., 2015). Distance to BEmONC services is an important determinant of early neonatal mortality, although not contributing cannot be significant to explain socioeconomic inequality (Huang et al., 2016).

e) Human Resources (HR)

The Public health center does not yet have human resources that meet BEmONC Public health center standards, and criteria, namely the Support Team that has participated in the training, and received an assignment letter by the Public health center in implementing BEmONC with the Core Team that has been formed, and runs at the Public health center. Seeing the obstacles that occur in the HR aspects above shows that the Public health center needs to evaluate the health workers in the Public health center to make a selection of health workers who are considered able to enter the Support Team in the implementation of PONED in order to carry out a good BEmONC implementation and Under standards. Because with the Support Team it will help the work of the Core Team that should be on standby 24 hours to be lighter by dividing schedules using shifts or turns so that whenever an emergency case occurs can be handled properly to prevent greater risk for patients experiencing emergency cases and reduce AKI, and AKB in the BEmONC Public health center Kubu Raya Regency, namely the Sungai Kakap Public Health Center, and Ambawang public health center. There are several inhibiting factors that become challenges namely lack of facilities, and infrastructure, gaps in training, and limitations in human resources (Chi et al., 2015).

The increase in neonatal mortality is relatively caused by a decrease in the quality of obstetric, and neonatal care as a result of excessive work hours of health workers. It might also be because they do not have the training to save mothers, and newborns, do not have the equipment, or could be from both factors. This increase may also be due to the fact that in general women are immediately rescued, but sometimes neglect the safety of the baby (Ellard et al., 2014). Identified in the same study are training facilities, and management interventions to maintain well in making the workforce motivated, significantly reducing job stress, and increasing job satisfaction while interventions are adjusted to overcome the obstacles identified to change to improve desired practice (Das et al., 2014). The duration, and location of training, and pressure on skilled health workers are other issues that must be considered. Training must be adjusted according to circumstances. Often this is in large referral hospitals where supporting infrastructure, and resources tend to differ from trainees (Schneeberger & Mathai, 2015).

f) Facilities, and Infrastructure

Facilities, and Infrastructure at public health center BEmONC Kubu Raya Regency namely public health center Kakap, and public health center Ambawang still do not have adequate medical equipment that can be used for the implementation of BEmONC such as CTG, Infusion Pump, and Autoclave as core health tools for handling emergency cases, and a number of beds which is still lacking so that if a full patient can be combined in a public room, not in the midwifery room, and inadequate room infrastructure because the BBL room still joins the midwifery room, and still does not have a special room for the management of special emergency cases such as eclampsia, and bleeding. Seeing the obstacles that occur in the aspects of facilities, and infrastructure above shows that the Public health center needs to improve again in the management of facilities, and infrastructure for repairs, and procurement at the Public health center for the continued implementation of a good BEmONC, and Under standards. The completeness of facilities and infrastructure at the Public health center is very helpful in the im-
plementation of BEmONC because in the absence of supporting facilities, and infrastructure, all actions in handling emergency cases are not optimal.

This data presents a significant obstacle to achieving health facilities especially in obtaining good quality of service, an important component of comprehensive emergency obstetrics, and neonatal care (Epiu et al., 2018). This project highlights the importance of monitoring support to strengthen the health system in rural communities. The support supervision approach enables broad stakeholder involvement, inclusive problem solving, and identification of gaps/weaknesses in the facility, which ensures appropriate action has been taken. This approach also allows sharing of facility gaps in service provision with district leaders and encourages openness by health workers about challenges in facilities. Armed with information about gap facilities, district health leadership can lobby health development partners to provide the necessary support (Kisakye et al., 2017).

g) Referral system

The referral system implementation at the Sungai Kakap Public Health Center and the Ambawang public health center is still not going well because the referral flow at the BEmONC Health Center has not been carried out. Under the guidelines for the BEmONC Capability Health Center. The research results that become obstacles, one of which is the Public health center only conducts referrals in all hospitals both in the Kubu Raya Regency or Pontianak City that can be contacted, and patients get a room regardless of whether the destination of the hospital is BEmONC Hospital or not. With the condition of the geographical location of the Kubu Raya Regency that surrounds Pontianak City, and has 2 regions, namely land, and waters, so that sometimes the referral flow and referral system are not Under the BEmONC Public health center standards. Seeing the obstacles that occur in aspects of the Referral System, the Health Department in collaboration with the local government should facilitate the special BEmONC Hospital in Kubu Raya Regency, and socialize which hospitals are included in the PONEK Hospital so that the BEmONC public health center Team knows, and can have clear choices in making referrals to BEmONC Hospital because it can easily communicate in the continuation of handling emergency cases Under the stages at the basic, and comprehensive level so that the handling at the BEmONC Hospital can also be maximized.

This is consistent with other research that says that a referral transportation system must be managed professionally so that some basic interventions can be given to patients even before they reach a health facility. The state government does not have a referral guideline or standard protocol that must be followed by a health facility, and there are no formal referral training or transportation management for doctors, nurse, or drivers (Raj et al., 2015). There are also significant challenges to retaining professional’s quality health like access to basic needs, and very limited transportation, poor infrastructure, and services in difficult health care practices (Bazile et al., 2015). In making a referral in addition to the right choice to refer to what is needed also is communication in referring, whether it is communication in the reception of patients on the telephone or communication when handing patients to health workers in the hospital, so if health workers in the hospital have never been trained or not health workers in the BEmONC Hospital there will be a communication error that results in delays in conducting handling emergency cases. In addition, the need to refer patients is not only in an emergency, but also in cases that cannot be handled in inpatient care facilities because the interprofessional team is unable to perform, and or the necessary equipment is not available (Geelhoed et al., 2018).

5. Research Program on the Results of the Implementation of BEmONC at the BEmONC Community Health Center in Kubu Raya Regency, West Borneo based on observations, and Documentation Studies.

The results of the study stated that the expectations in the implementation of BEmONC in the Kubu Raya Health Center, namely the Sungai Kakap Public Health Center, and the Ambawang public health center, namely training, and knowledge updates for the Core Team, and Support Team, the results of reporting, and documentation based online, reducing the MMR, and IMR, reducing the number of referrals to hospitals, and facilities and infrastructure are equipped. This, in line with the Follow-Up Plan (RTL) for BEmONC implementation, is to equip the public health center with facilities, and infrastructure Under standards, conduct training or update knowledge about BEmONC for Core Teams, and BEmONC supporting Teams, add BEmONC public health center and build district hospitals. The results of other studies state that the State must prioritize workforce planning to provide high-impact interventions in health facilities or at home with high birth rates (Otolorin et al., 2015). Strengthening the health care system to provide emergency services is a top priority for providing life-saving services, especially in rural areas. The Ethiopian government took the initiative to increase access to BEmONC services by
increasing the ability of public health centers in countries where primary health care is lacking. Measuring the strength of implementing BEmONC interventions, namely the level of function of different aspects to understand aspects of BEmONC so that treatment can be improved or not. In addition, it also helps identify whether an increase in the implementation of BEmONC is associated with increased utilization of services for critical maternal, and newborn care practices. Thus, the initiative to add the BEmONC public health center can be studied with the concept of implementation strength to explore the relationship between implementation strength, and utilization of BEmONC implementation (Tiruneh et al., 2018).

The district health team consists of district health workers, mothers of child health workers, senior midwives, and senior nurses from certain facilities. Support the monitoring team to conduct quarterly visits. During each visit, the team initially reviews the gaps identified in previous visits with service provider facilities. At the facility, a list of indicators is used to assess the availability of maternal, and newborn services, and the services available at various levels of the facility. The checklist used at the policies, and public health center consists of indicators that focus on the number of human resources, provision of emergency midwifery, and newborn care, availability of laboratory services is very important, availability of client records, and information, information communication, and education (IEC), infrastructure availability adequate physical availability, availability of infection control guidelines, referral readiness facilities, availability, and use of partographs, as well as follow-up on actions agreed upon by points of supervision of previous support (Kisakye et al., 2017).

V. CONCLUSIONS, AND RECOMMENDATION

Based on the objectives, and results of research conducted on the implementation of the BEmONC Program at the Kubu Raya Regency Health Center, it can be concluded that: there are components of the Resources, Facilities, and Infrastructure, and Referral System aspects that are closely related to the implementation of the BEmONC. In addition to the facilities, and infrastructure components that have been fulfilled, there are also components that have not been met obtained from the results of observations using the check sheet in the implementation of the BEmONC Program including resuscitation, and stabilization areas in the neonate room, and the Intensive Care Unit/Eclampsia/Sepsis. Obstacles found in the implementation of BEmONC in the Kubu Raya Health Center are Sungai Kakap Public Health Center, and Ambawang public health center which are BEmONC Health Center, which is not Under the standard rules, there is no Regency Hospital yet, there is BPJS, the geographical location consists of land, and water, the referral flow is not appropriate, incomplete facilities, and infrastructure, and lack of human resources.

The implementation of standardized BEmONC has not been well implemented at the BEmONC Public Health Center in Kubu Raya Regency because it requires a large amount of preparation, and funding for the addition of new buildings, and rooms Under the standard size, and procurement of core medical equipment such as CTG, Infusion Pump, and Autoclaf as a detection tool that accurate, and appropriate tool in handling emergency cases. So that the implementation of the BEmONC can run effectively, it should be noted that sufficient, and competent human resources, facilities, and infrastructure that are Under standards, and the flow of referral implementation that is integrated into the BEmONC Hospital to reduce MMR, and IMR in West Kalimantan, especially in Kubu Raya Regency.

REFERENCE


