Improving Quality Antenatal Care Services Used by Pregnant Women with the Client Oriented Provider Efficient Method Through Self Need Assessment, Client Right Assessment, Client Flow Analysis at Bojonegoro District Community Health Center

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KEYWORDS

COPE, Antenatal Care, Quality, Commitment, Satisfaction.

ABSTRACT:

Introduction: The Maternal Mortality Rate (MMR) in Bojonegoro Regency has increased in the last 3 years, in 2019 the MMR was 157.23 per 100,000 live births (KH), in 2020 it reached 161.80 per 100,000 KH, in 2021 it reached 200.30 per 100,000 KH from the MMR target of 98.5 Per100,000 KH. The low coverage of antenatal care services, K1 in 2021 was 99.5%, K6 coverage was 82.99% of the target of 100%. To reduce MMR, quality health services are needed at the Health Center, namely improving the ability of midwives, it is hoped that they can provide health services that are oriented to the needs of their clients. The health service process that focuses on its clients is the Client Oriented Provider Efficiency (COPE) method which will have an impact on Customer Satisfaction.

Objectives: This study aims to improve the quality of maternal health services using the COPE method and analyze the commitment of midwives, the satisfaction of pregnant women at the Bojonegoro Regency Health Center.

Methods: The research location was at the Ngumpak Dalem Health Center and the Dander Bojonegoro Health Center. The population was the Health Center, Midwives and Pregnant Women. The Health Center sample was by purposive sampling with an operational research design. The COPE method has 4 stages consisting of Stage I: Information gathering and analysis including 1) Self Need Assessment (SNA) 2) Client Right Assessment (CRA) 3) Client Flow Analysis (CFA). Stage II Action Plan Development and Priority including the USG Method, Fish Bone Diagram, CARL, MEER, 5W + 1H, Stage III Implementation Stage IV Follow Up and Evaluation. In Year I 2024, this research was implemented by applying the COPE Method in Stages I and II.

Results: The results of the study showed that the commitment of midwives at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center in Bojonegoro Regency was the Morally Committed commitment type, the Commitment During Later commitment stage, low commitment level. The COPE Stage I process at the SNA at the Ngumpak Dalem Health Center and at the Dander Health Center it was not fulfilled Information up date, training and development. CRA at both Health Centers on Information;Dignity, comfort, and expression of opinion; Continuity of care was not fulfilled. CFA showed

that the Client waiting time at the Ngumpak Dalem Health Center was longer than the Dander Health Center. Stage II Action Plan and Priority through FGD discussing data from Stage I with the Health Center team consisting of Midwives and Heads of Health Centers obtained priority problems of the lack of fulfillment of midwives' rights to supervision by the Health Office, Information Up Date, Training and development and the lack of fulfillment of pregnant women's rights to information. The priority of the cause of the problem is the lack of understanding of Customer service. Alternative Priority of Problem Solving in Interpersonal Communication Training/Counseling, Improvement Activity Plan Low Fulfillment of Midwives' Needs for Updated Information, Training and Development. The satisfaction of pregnant women at the Ngumpak Dalem Health Center and Dander Health Center is mostly quite satisfied.

Conclusions: It is recommended to improve the ability of midwives in the technical aspects of midwifery and interpersonal communication and counseling through training.

1. Introduction

The goal of Indonesia's health development is directed to further improve the health level and quality of human resources. This is indicated by, among others, reducing the mortality rate of infants, children and mothers giving birth. Strategies for efforts to reduce maternal mortality and improve the quality of life of infants include increasing public access to quality health services by improving the quality of health services at Community Health Centers as basic health service centers. This improvement can be done by improving maternal and child health services (KIA) both in terms of reach and quality, one of which is improving antenatal services at service facilities with good quality and the highest reach and to realize the need for health workers as managers of health services must have the ability to provide health services professionally both in the technical field of obstetrics and communication skills (in this case interpersonal communication and counseling/KIP&K)

The quality of health services at the Health Center can be identified by the Health Center officers who are providing health services that are oriented to the needs of their clients and always aim to satisfy the clients. In an effort to improve the quality of health services, many approaches are used, including the Client oriented Provider Efficiency (COPE) approach (EngenderHealth, 2003). Client oriented Provider Efficiency (COPE) is a service that is oriented towards consumer satisfaction and service efficiency by the provider, because COPE provides staff capabilities, availability of appropriate technology, a conducive situation, where staff practically and easily use tools or technology to be able to provide services according to patient needs and expectations, which are patient rights that must be fulfilled. By implementing COPE management, patient rights can be fulfilled and ultimately can lead to patient satisfaction and loyalty.

In Bojonegoro Regency there are 36 Community Health Centers. From the Bojonegoro Regency health profile data, the coverage of KIA service indicators in the last three years was obtained.shows that the performance of Maternal and Child Health at the Bojonegoro District Health Office is still low, where the number of maternal deaths is trending upwards, The Maternal Mortality Rate (MMR) has tended to increase sharply over the past 2 years, in 2020 reaching 161.80 per 100,000 KH. In 2021 it reached 200.30 per 100,000 KH from the MMR target of 98.5 per 100,000 KH. The low coverage of antenatal care services, K1 coverage in 2021 was 99.5% and K6 coverage was 82.99% of the target of 100%.

The purpose of this study was to analyze the process of improving the quality of antenatal care using the Client Oriented Provider Efficiency (COPE) method through midwife commitment and pregnant women's satisfaction before and after the implementation of COPE at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center, Bojonegoro Regency.

2. Methods

TypeThis research is a qualitative research, namely research that produces descriptive data in the form of images and written or spoken words from informants and observed behavior.DesignThis research is aOperational Research.The location of this research is inNgumpak Dalem Inpatient Health Center and Dander Non-Inpatient Health Center, Bojonegoro Regency, conducted in May-July 2024. The source of information is midwives at the Community Health Center, pregnant women who visit the Community Health Center. The sample size is 29 midwives consisting of 12 midwives at the Community Health CenterNgumpak Dalem Hospitalizationand 12 midwives inDander Non-Inpatient Health Center, Bojonegoro Regencyand pregnant women, where in the Health CenterNgumpak Dalem HospitalizationThere were 26 pregnant women consisting of before the intervention and at the Dander Non-Inpatient Health Center there were 30 pregnant women before the intervention.Data collection was carried out with the help of instruments in the form of questionnaires, checklists, document checks and direct observations in the field. Because the research is operational research with the application of the COPE method, data collection is through a problem-solving process consisting of 4 stages, namely Stage 1 Information gathering includes Self Need Assessment, Client Right Assessment and Client Flow Analysis). Stage 2 Action Plan Development and Priority. Stage 3 Implementation Stage 4 Conducting Follow Up and Evaluation. For Research Year I 2024, including Stage 1 Information gathering includes Self Need Assessment, Client Right Assessment and Client Flow Analysis). Stage 2 Action Plan Development and Priority

The data were analyzed analytically, to determine whether there were differences in the type of commitment and stages of midwife commitment (nominal data scale) towards antenatal care before the COPE intervention between the Ngumpak Dalem Inpatient Health Center and the Dander Bojonegoro Non- Inpatient Health Center using the chi square test. To determine whether there were differences in the level of midwife commitment, maternal satisfaction (interval data scale) using the two-sample t-test independent samples.

3. Results and Discussion Neuron Density with HE Staining

Midwife Commitment Before Intervention

a. Commitment Type

Descriptive Analysis of Midwifery Commitment Type before intervention at Ngumpak Dalem Health Center and Dander Health Center. The measurement results are described in a descriptive analysis as in the table below.

Tabel 1. Overview of the Type of Midwifery Commitment to Infantile Care Services Before Midwives Receive Intervention at Ngumpak Dalem Health Center and Dander Health Center in 2024

No	Commitment Type	Health Center			
		Hospitalization Ngumpak Dalem		Non-Hospitalization Dander	
		n	%	n	%
1	Morally Commited	12	100	17	100

2	Calculatively Commited	0	0	0	0
3	Alienative Commited	0	0	0	0
Sum		**12**	**100**	**17**	**100**

Based on the table 1, it can be seen that most of the midwives at the Ngumpak Dalem Health Center and the Dander Health Center have a Morally Committed Type with a percentage of 100%. Based on the results of the test of differences in commitment types before intervention between Ngumpak dalem Inpatient Health Center and Dander Non-inpatient Health Center using the chi square test, Asymp.Sig. (2-Sided) or p obtained by 0.408 because p = 0.408 >α = 0.05, it can be concluded that there is no significant difference in the type of commitment before the intervention between the Ngumpak Dalem Health Center and the Dander Health Center.

b. Commitment Stages

Descriptive Analysis of Midwifery Commitment Stages Before Intervention at Ngumpak Dalam Health Center and Dander Health Center. The measurement results are described in a descriptive analysis as in the table below.

Table 2. Overview of the Stages of Midwifery Commitment to Antenatal Care Services Before Midwives Receive Intervention at Ngumpak Dalam Health Center and Dander Health Center in 2024

No	**Commitment Stages Before Intervention**	**Health Center**			
		Hospitalization Ngumpak Dalem		**Non-Hospitalization Dander**	
		n	**%**	**n**	**%**
1	Initial Commitmen (early phase)	0	0,00	5	29,4
2	Commitmen During Early (secondphase)	1	8,3	0	0
3	Commitmen During Later (thirdphase)	11	91,7	12	70,6
Sum		**12**	**100**	**17**	**100**

Based on the table 2, it can be seen that most of the midwives at the Ngumpak Dalem Health Center and the Dander Health Center have the During Later Commitment Stage with a percentage of 91.7% and 70.6%. Based on the results of the test of differences in commitment stages before intervention between the Sugihwaras Care Center and the Bojonegoro Non-Treatment Health Center using the chi square test, Asymp.Sig. (2 reviews)-Sided) or p obtained by 0.921 because p = 0.921 > α = 0.05, it can be concluded that there is no significant difference in the commitment stage before the intervention between the Dippak Dalem Health Center and the Dander Health Center.

c. Levels of Commitment

Descriptive Analysis of Midwifery Commitment Levels before Intervention at Ngumpak Dalam Health Center and Dander Health Center. The measurement results are described in a descriptive analysis as in the table below.

Tabel 3 Overview of the Level of Midwifery Commitment to Antenatal Care Services Before Midwives Receive Intervention at Ngumpak Dalam Health Center and Dander Health Center in 2024

No	Midwife's Commitment Levels Before Intervention	Health Center Ngumpak Dalem		Health Center Dander	
		Frek	%	Frek	%
1	Tall	3	25.00	6	35.29
2	Keep	4	33.33	4	23.53
3	Low	5	41.67	7	41.18
Sum		**12**	**100,00**	**17**	**100,00**

Based on the table 3 mentioned above, it can be seen that in the Ngumpak Dalam and Dander Health Centers, most of the commitments before the intervention were low, the percentages were 41.67% and 41.18%. Based on the results of the test of differences in the level of commitment of midwives before the intervention using the t-test for independent samples, the significance of 2-tailed (p) was obtained at 0.346 because $p = 0.346 > \alpha = 0.05$, so it can be concluded that there is no significant difference in the level of commitment of midwives before the intervention between the Ngumpak Dalem Health Center and the Dander Health Center.

The results of the study found that the commitment of midwives before the intervention at the Ngumpak Dalem Inpatient Health Centerand the Dander Non-Inpatient Health Center, Bojonegoro Regency isThe type of midwife commitment is the Morally Committed Type. The commitment stage is at the Commitment During Later stage. The level of commitment is low.

EngenderHealth, (2003) To build commitment, it is necessary to emphasize staff involvement, a sense of ownership of the service, independent analysis and working as a team, which will enable staff to understand local conditions and resources.The principle of COPE management is empowerment. COPE emphasizes staff discipline, service management. COPE requires self- assessment and teamwork. COPE requires staff to understand local conditions, resources and provides a communication forum for discussion among staff. The COPE process also helps staff identify concretely and immediately understand opportunities for action and responsiveness to local needs, thereby building staff commitment towards quality improvement.

Based on the field conditions in both health centers, both inpatient and non-inpatient health centers, the type of commitment, stages of commitment and levels of commitment show similarities, so that the commitment factor does not affect the COPE implementation process in both health centers. Meanwhile, the level of commitment in both health centers is still low, so to improve the commitment of midwives, it is necessary to improve the quality through the COPE process, namelySelf Assessmentis an assessment of organizational resources and management, This self-assessment will motivate staff to feel and have a sense of ownership that the program is their responsibility. Self-assessment will create commitment. Staff assess their own services (Self Assessment), and not be assessed by outsiders, then they feel that the problems they identify are "theirs", and they feel responsible for solving the problem. This creates a sense of ownership and commitment to the solutions being attempted.

Pregnant Women's Satisfaction Before Intervention at Ngumpak Dalem Health Center and Dander Health Center

Descriptive Analysis of Pregnant Women's Satisfaction Before Intervention at Ngumpak Dalam Health Center and Dander Health Center. The measurement results are described in a descriptive analysis as in the table below.

Table 4 Overview of Pregnant Women's Satisfaction with Antenatal Care Services Before Midwives Receive Intervention at Ngumpak Dalam Health Center and Dander Health Center in 2024

No	Variable	Criterion	Health Center Ngumpak Dalam		Health Center Dander	
			Freq	%	Freq	%
1	Profesionalisme and Skill	Dissatisfied	0	-	0	-
		Quite Satisfied	18	69.23	20	66.67
		Highlt Satisfied	8	30.77	10	33.33
		Sum	**26**	**100.00**	**30**	**100.00**
2	Attidute and Behaviour	Dissatisfied	2	7.69	1	3.33
		Quite Satisfied	15	57.69	15	50.00
		Highly Satisfied	9	34.62	14	46.67
		Sum	**26**	**100.00**	**30**	**100.00**
3	Aceesibility and Flexibility	Dissatisfied	2	7.69	1	3.33
		Quite Satisfied	14	53.85	16	53.33
		Highly Satisfied	10	38.46	13	43.33
		Sum	**26**	**100.00**	**30**	**100.00**
4	Reliablity and Trusworthness	Dissatisfied	2	7.69	1	3.33
		Quite Satisfied	17	65.38	20	66.67
		Highly Satisfied	7	26.92	9	30.00
		Sum	**26**	**100.00**	**30**	**100.00**
5	Recovery	Dissatisfied	1	3.85	1	3.33
		Quite Satisfied	15	57.69	17	56.67
		Highly Satisfied	10	38.46	12	40.00
		Sum	**26**	**100.00**	**30**	**100.00**
6	Reputation and Credibility	Dissatisfied	1	3.85	1	3.33
		Quite Satisfied	18	69.23	19	63.33
		Highly Satisfied	7	26.92	10	33.33
		Sum	**26**	**100.00**	**30**	**100.00**

Based on the table 4 mentioned above, it can be seen that the satisfaction of pregnant women at the Ngumpak Dalam Health Center and the Dander Health Center is mostly quite satisfied with all variables, and there are still statements of pregnant women at both the Ngumpak Dalem Health Center and the Dander Health Center who are not satisfied with Attidute and Behaviour, Aceesibility and Flexibility, Reliablity and Trusworthness, Recovery and Reputation and Credibility. Recapitulation of pregnant women's satisfaction before intervention at Ngumpak Dalam Health Center and Dander Health Center in 2024 can be seen in the table below.

Table 5 Recapitulation of Pregnant Women's Satisfaction Before Intervention at Ngumpak Dalam Health Center and Dander Health Center in 2024

No	Pregnant Women's Satisfaction Beforethe Intervention	Health Center Ngumpak Dalam		Health CenterDander	
		Freq	%	Freq	%
1	Highly Satisfied	12	46,2	1	3,3
2	Quite Satisfied	14	53,8	29	96,7
3	Dissatisfied	0	0	0	0
	Sum	**26**	**100**	**30**	**100**

Based on table 5. above, it can be seen that at the Ngumpak Dalam Health Center, most pregnant women stated that they were quite satisfied with the percentage of 53.8%, while at the Dander Health Center, most pregnant women stated that they were very satisfied with a percentage of 96.7%. Based on the results of the test of the difference in satisfaction of pregnant women before the training intervention between the two health centers using Mann Whitney, the significance (p) was obtained at 0.002 because $p=0.002 < \alpha = 0.05$, so it can be concluded that there is a significant difference in the satisfaction of pregnant women before the training intervention between the Ngumpak Dalem Care Health Center and the Dander Health Center.

a. Pregnant Women's Satisfaction Before Intervention

Based on Table 4, it can be seen that the satisfaction of pregnant women at the Ngumpak Dalam Health Center and the Dander Health Center is mostly quite satisfied with all variables, and there are still statements from pregnant women at the Ngumpak Dalem Health Center and the Dander Health Center who are less satisfied with Attitude and Behavior, Accessibility and Flexibility, Reliability and Trustworthiness, Recovery and Reputation and Credibility.

Wilkie (1990) in Tjiptono (2005), defines customer satisfaction as an emotional response to the evaluation of the consumption experience of a product or service. Nasution (2001), states that basically customer satisfaction can be defined simply as a condition where the customer can be defined simply as a condition where the customer's needs, desires and expectations can be met through the products or services consumed. In providing services to customers, service providers and providers must always strive to refer to the main purpose of the service, namely achieving consumer satisfaction or customer satisfaction.

Based on the theory above, in accordance with the facts, that the Satisfaction of Pregnant Women increased in antenatal services after Midwives received intervention training in interpersonal communication and counseling, so that Midwives in antenatal services have been in accordance with services that fulfill client rights. For that, there needs to be special handling to improve the conditions felt by pregnant women including service waiting time, fulfillment of 7 (seven) client rights, services that are oriented towards the interests of their clients, namely being able to carry out Interpersonal Communication and Counseling as an effort to improve the quality of services at the Health Center.

Client Oriented Provider Efficient (COPE) Process

The results of the Client Oriented Provider Efficient (COPE) Process at the Ngumpak Dalem Inpatient Health Center and the Non-Inpatient Health Center with 4 (Four) Stages are as follows:

a. Stage I Information Gathering and Information

1) Self Need Assessment

The fulfillment of midwifery rights provided by the Health Office and Health Center at the Ngumpak Dalem and Dander Health Centers is as follows.

a) Fulfillment of the right to facilitative supervision

The fulfillment of midwives' rights to facilitative supervision at the Ngumpak Dalem and Dander Health Centers can be seen in Table 5.14 below.

Table 6. Fulfillment of Midwives' Rights to Supervision at Ngumpak Dalam Health Center and Dander Health Center by the Health and Health Center in 2024

No	Fulfillment of Midwifery Rights	Supervision By the Health Office to the Health Center								Supervision by the Head of the Health Center to the Midwife of the Health Center							
		Ngumpak Dalam n=12				Dander n = 17				Ngumpak Dalam n = 12				Dander n = 17			
		Ya	%	Tidak	%	Ya	%	Tidak	%	Ya	%	Tidak	%	Ya	%	Tidak	%
1	Supervision	12	100	0	0	4	23,5	13	76,5	12	100	0	0	4	23,5	13	76,5
2	Helpful Supervise	12	100	0	0	4	23,5	13	76,5	12	100	0	0	4	23,5	13	76,5
3	Satisfaction with supervise	12	100	0	0	4	23,5	13	76,5	12	100	0	0	4	23,5	13	76,5
4	Facility activities and feedback	12	100	0	0	4	23,5	13	76,5	12	100	0	0	4	23,5	13	76,5
	Mean	12	100	0	0	4	23,5	13	76,5	12	100	0	0	4	23,5	13	76,5

Based on the table 6. above, it can be seen that 100% of midwives at the Ngumpak Dalam Health Center declare that their rights are fulfilled for the supervision of facilities carried out by the Health Office and the head of the health center. Meanwhile, 23.5% of midwives at the Dander Health Center stated that their rights were fulfilled for facilitative supervision carried out by the Health Office and by the Head of the Health Center and 76.5% of midwives stated that the facilitative supervision carried out by the Health Office and by the Head of the Health Center was not fulfilled.

Table 7. Recapitulation of the Fulfillment of Midwifery Rights to Facilitative Supervision at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center 2024

No	**Supervision Category Facilitative**	**Supervision by the Health Service at the Community Health Center**				**Supervision by the Head of the Community Health Center to the Implementing Midwife**			
		Ngumpak Dalam		**Dander**		**Ngumpak Dalam**		**Dander**	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
1	Good (>80%)	12	100	5	29,4	12	100	5	29,4
2	Pretty Good (64% -80%)	0	0	0	0	0	0	0	0
3	Not good (<64%)	0	0	12	70,6	0	0	12	70,6
	Sum	**12**	**100**	**17**	**100,00**	**12**	**100,00**	**17**	**100,00**

Based on Table 7. above, it can be seen that the fulfillment of midwives' rights to facilitative supervision carried out by the Health Service is that the majority of midwives who receive good supervision at the Ngumpak Dalam Community Health Center are 100%. Meanwhile, at the Dander Community Health Center, the majority of midwives receive poor supervision at 70.6%. .

b) Fulfillment of Rights to Information on Training and Development

Fulfillment of midwives' rights to training and development information can be seen in Table 8. below.

Tabel 8 Fulfillment of Midwives' Rights to Information on Training and Development at Ngumpak Dalam Community Health Center and Dander Community Health Center

No	Fulfillment ofMidwives' Rights toInformation on Training andDevelopment	Health Center							
		Ngumpak Dalemn=12				Dandern=17			
		Yes	%	No	%	Yes	%	No	%
1	Up Date Training	12	100	0	0	16	94,1	1	5,9
2	Arrange Training	12	100	0	0	13	76,5	4	23,5
3	Opportunity to Participate in ANC Training	12	100	0	0	12	70,6	5	29,4
4	Opportunity to Participate in Further Education	2	16,7	10	83,3	6	35,3	11	64,7
5	ANC Technical Training	10	83,3	2	16,7	8	47,1	9	52,9
	Mean		80		20		64,7		35,3

Based on the table 8 above, it can be seen that the fulfillment of midwives' rights to training and development information at the Ngumpak Dalam Community Health Center is good with an average of 80% and at the Dander Community Health Center is poor with an average percentage of 64.7%. A recapitulation of the fulfillment of midwives' rights to information on training and development at the Ngumpak Dalam Health Center and Dander Health Center can be seen in the table below.

Table 9 Rekapitulasi Pemenuhan Hak Bidan Terhadap Informasi Training and Development di Puskesmas Ngumpak Dalam dan Puskesmas Dander Tahun 2024

No	Fulfillment of Midwives' Rights to Information on Training and Development	Health Center Ngumpak Dalem		Health Center Dander	
		n	%	n	%
1	Good (> 80%)	12	100	9	52,9
2	Pretty Good (64%-80%)	0	0	0	0
3	Not Good (< 64%)	0	0	8	47,1
	Sum	**12**	**100,00**	**17**	**100,00**

Based on the table 9 above, it can be seen that at the Ngumpak Dalam Community Health Center 100% of midwives stated that their rights to Training and Development Information were fulfilled well and at the Dander Community Health Center 52.9% of midwives fulfilled their rights to Training and Development Information well and 47.1% of midwives were not good. obtain the fulfillment of their rights to Training and Development information.

c) Fulfillment of the Right to Adequate Equipment, Medicine and Physical Facilities

Fulfillment of midwives' rights to adequate equipment, medicine and physical facilities can be seen in Table 10.

Table 10. Fulfillment of Midwives' Rights to Adequate Equipment, Medicines and Physical Facilities at the Ngumpak Dalam Care Health Center and Dander Health Center in 2024

No	Fulfillment of the Right to Adequate Equipment, Medicine and Physical Facilities	Health Center							
		Ngumpak Dalamn =12				Dandern=17			
		Yes	%	No	%	Yes	%	No	%
1	Tools provided	12	100	0	0	16	94,1	1	5,9
2	Medicine Needs	10	83,3	2	16,7	13	76,5	4	23,5
3	Physical Facilities	4	33,3	8	66,7	12	70,6	5	29,4
	Mean		72,2		27,8		64,7		35,3

Based on the table 10 above, it can be seen that the fulfillment of midwives' rights regarding adequate equipment, medicine and physical facilities at the Ngumpak Dalam Community Health Center is an average of 72.7%, while the Dander Community Health Center midwives' average percentage is 64.7%.

In Bojonegoro Regency, activities carried out to increase the quantity and quality of antenatal services include adequate facilities and infrastructure, including building a PONED (Basic Essential Neonatal Obstetric Services) health center which is equipped with the necessary personnel, tools and other facilities. Apart from that, rehabilitation of the POLINDES (Village Maternity Center) was carried out as well as the fulfillment of MCH service facilities, including meeting the needs of Midwife Kits for all midwives, MCH books for targets and MCH service registration. A recapitulation of the fulfillment of midwives' rights to adequate equipment, medicines and physical facilities can be seen in the table below.

Table 11. Recapitulation of Fulfillment of Midwives' Rights to Sufficient Equipment, Medicines and Physical Facilities at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	**Fulfillment of the Rightto Adequate Equipment, Medicine and Physical Facilities**	**Health Center Ngumpak Dalem**		**Health Center Dander**	
		n	**%**	**n**	**%**
1	Good (> 80%)	5	41,7	9	52,9
2	Pretty Good (64%-80%)	5	41,7	6	35,3
3	Not Good (< 64%)	2	16,6	2	11,8
	Sum	**12**	**100,00**	**17**	**100,00**

Based on the table 11. above, it can be seen that the fulfillment of midwives' rights regarding adequate equipment, medicine and physical facilities at the Ngumpak Dalam Community Health Center is quite good with a percentage of 45.4%. Meanwhile, Dander Community Health Center midwives are good with a percentage of 52.9%.

d) Recapitulation of Self Need Assessment (Assessment of Fulfillment of Midwives' Rights)

Overall the Self Need Assessment (Assessment of Midwives' needs for Fulfillment of Midwives' Rights) can be seen in Table 10 below.

Table 12. Recapitulation of Self Need Assessment (Assessment of Midwives' needs for Fulfillment

of Midwives' Rights) at Ngumpak Dalem Community Health Center and Dander Community Health Center, June 2012

No	Variable	Health Center Ngumpak Dalam								Health Center Dander							
		Good		Enough		Not Kurang		Sum		Good		Enough		Not Kurang		Sum	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
1	Supervision	12	100	0	0	0	0	12	100	5	29,4	0	0	12	70,6	17	100
2	Information, Training and Development	12	100	0	0	0	0	12	100	9	53	0	0	8	47	17	100
3	Adequacy of equipment, medicine and physical facilities	5	41,7	5	41,7	2	16,6	12	100	9	53	6	35,3	2	11,7	17	100

Based on the table 12 above, it can be seen that 100% of the midwives at the Ngumpak Dalem Community Health Center stated that their fulfillment of their rights was good, whereas at the Dander Community Health Center, 26.67% of the midwives stated that their fulfillment of their rights was poor, the worst fulfillment was in supervision.

At the Ngumpak Dalem Inpatient Health Center, the needs that are not met are:Facilitative supervision and management., Information up date, training and development, while at the Dander Non-Inpatient Health Center, the only things that are lacking are information updates, training and development.

According to Wijono (2008) Supervision or guidance is an activity of providing guidance on how to implement a business in accordance with applicable provisions and regulations with the aim of obtaining unity of action and achieving the highest efficiency and effectiveness. Every supervision needs to be followed by feedback, so that it will provide a response on the implementation of the program that can be known and improved earlier.

According to EngenderHealth (2003), health workers need knowledge, skills and continuous training as well as opportunities to develop themselves up to date in their field of work and continuously improve the quality of the services they provide. Even according to Huezo (2003), the needs of officers are not only technical training but also require communication skills training. This is understandable because these officers will be in direct contact with consumers, in this case pregnant women. Because according to Karyajaya (2003), communication plays a major role in shaping consumer perceptions.

To fulfill the needs of midwives' rights to information on training and development, it is necessary to allocate Midwife Training, especially technical midwifery training and interpersonal communication and counseling training in maternal health services. Based on Wiyono, 2008, to fulfill the needs of midwives' rights to supervision, it is necessary to improve the quality of supervision and provide feedback.

2) Client Right Assessment

Pregnant women's assessment of the fulfillment of pregnant women's rights given by Midwives at the Sugihwaras Nursing Health Center and the Bojonegoro Non-Care Community Health Center is as follows.

a) Fulfillment of Pregnant Women's Rights to Information

Assessment of the fulfillment of pregnant women's rights to information as listed in Table 13 below.

Table 13. Description of the Assessment of the Fulfillment of Pregnant Women's Rights on the Information provided by Midwives at the Ngumpak Dalam Community Health Center and the Dander Community Health Center in 2024

No	Fulfillment of Pregnant Women's Rightsto Information provided by Midwives	Health Center Ngumpak Dalemn=26				Health Center Dandern=30			
		Yes	%	No	%	Yes	%	No	%
1	Health of Pregnant Women	21	80.77	5	19.23	20	66.67	10	33.33
2	Pregnancy Condition Status	14	53.85	12	46.15	18	60.00	12	40.00
3	Danger signs for pregnant women	13	50.00	13	50.00	14	46.67	16	53.33
4	Pregnancy Checkup Schedule	23	88.46	3	11.54	22	73.33	8	26.67
5	Estimated Delivery Time	23	88.46	3	11.54	28	93.33	2	6.67
6	Signs of Labor	16	61.54	10	38.46	27	90.00	3	10.00
Mean			70.51		29.49		71.67		28.33

Based on the table 13. above, it can be seen that the average fulfillment of pregnant women's rights to information at the Ngumpak Dalam Community Health Center is good (average 70.51%). Meanwhile, at the Dander Community Health Center, the average fulfillment of pregnant women's rights to information is good (average 71.33%).

A recapitulation of the fulfillment of pregnant women's rights regarding the information provided by Midwives at the Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024 can be seen in the table below.

Tabel 14 Recapitulation of Fulfillment of Pregnant Women's Rights to Information Provided by Midwives at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	Fulfillment of pregnant women's rights to information provided by Midwives	Helath Center Ngumpak Dalem		Helath Center Dander	
		Freq	%	Freq	%
1	Good (> 80%)	9	34.62	15	50.00
2	Pretty Good (64% -80%)	12	46.15	6	20.00
3	Not Good (<64%)	5	19.23	9	30.00
Sum		**26**	**100.00**	**30**	**100.00**

Based on the table 14 above, it can be seen that at the Ngumpak Dalam Health Center, the majority of pregnant women stated that the fulfillment of their rights was quite good with a percentage of 46.15%. And at the Dander Community Health Center, the majority of pregnant women stated that the fulfillment of their rights was good with a percentage of 50%.

b) Fulfillment of Pregnant Women's Rights to Service Affordability

Assessment of the fulfillment of pregnant women's rights regarding service affordability can be seen in the table below.

Table 15 Description of Fulfillment of Pregnant Women's Rights regarding Service Affordability at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	Fulfillment of Pregnant Women's Rights to Service Affordability	Criteria	Ngumpak Dalem		Dander	
			n	%	n	%
1	Difficulty carrying outpregnancy checks	Never	22	84,6	22	73,3
		Sometimes	4	15,4	8	26,7
		Often	0	0	0	0
		Always	0	0	0	0
		Sum	26	100	30	100
2	Distance betweenhealth center and residence	Very close	0	0	0	0
		Near	4	15,4	26	86,7
		Far	22	84,6	4	13,3
		Very far	0	0	0	0
		Sum	26	100	30	100
3	Waiting time before receiving service	Very fast	0	0	0	0
		Fast	17	65,4	14	46,7
		Long enough	6	23,1	16	53,3
		Very long	3	11,5	0	0
		Sum	26	100	30	100
4	Pregnancy check up time	Very long	1	3,8	0	0
		Long enough	11	42,4	16	53,3
		Fast	13	50	14	46,7
		Very fast	1	3,8	0	0
		Sum	26	100	30	100
5	Rates	Very expensive	0	0	0	0
		Expensive	0	0	1	3,4
		Cheap	8	30,8	10	33,3
		Very cheap	18	69,2	19	63,3
		Sum	26	100	30	100

Based on the table 15 above, it can be seen that pregnant women's assessment of the fulfillment of their rights regarding the affordability of services at the Ngumpak Dalam Community Health Center is still found at the time of service. Pregnant women feel that they never have difficulty when carrying out examinations and the distance between the health center and their place of residence is 84.6%.

At the Dander Community Health Center, pregnant women have an assessment of the fulfillment of their rights regarding the affordability of services, still finding the difficulty of carrying out pregnancy checks at 73.3% and the time for pregnancy checks being quite long at 53.3%.

A recapitulation of the fulfillment of pregnant women's rights regarding the affordability of services provided by midwives at the Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024 can be seen in the table below.

Tabel 16. Recapitulation of Fulfillment of Pregnant Women's Rights regarding Service Affordability at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	Fulfillment of pregnant women's rights to affordability of services	Health Center Ngumpak Dalam n=26		Health Center Dander n=30	
		frequency	%	frequency	%
1	Good (> 80%)	18	69,2	17	56,7
2	Pretty Good (64% -80%)	8	30,8	13	43,3
3	Not Good (<64%)	0	0	0	0
	Sum	**26**	**100**	**30**	**100**

Based on the table 16. above, it can be seen that at the Ngumpak Dalam Community Health Center, 69.2% of pregnant women stated that their rights were fulfilled well and 30.8% were quite good, while at the Dander Community Health Center, 56.7% of pregnant women received good fulfillment of their rights and 43.3% were sufficient. Good.

c) Fulfillment of Pregnant Women's Rights to Informed Choice

The assessment of the fulfillment of pregnant women's rights to Informed Choice can be seen in the table below.

Tabel 17 Overview of Assessment of Fulfillment of Pregnant Women's Rights to Informed Choice at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	Fulfillment of Pregnant Women's Rights to InformedChoice	Health Center Ngumpak Dalam n=26				Health CenterDander n=30			
		Yes	%	No	%	Yes	%	No	%
1	Information on service type options	16	61.54	10	38.46	18	60.00	12	40.00
2	Types of birthattendants	18	69.23	8	30.77	18	60.00	12	40.00
3	Facilities	18	69.23	8	30.77	18	60.00	12	40.00
	Sum		**66.67**		**32.50**		**60.00**		**40.00**

Based on Table 17. above, it can be seen that the average fulfillment of pregnant women's rights to Informed Choice at the Ngumpak Dalam Health Center and Dander Health Center is Good (66.67% and 60% on average.

A recapitulation of the fulfillment of pregnant women's rights to Informed Choice provided by Midwives at the Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024 can be seen in the table below.

Tabel 18. Recapitulation of Fulfillment of Pregnant Women's Rights to Informed Choice at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	**Fulfillment of Pregnant Women's Rights to Informed Choice**	**Health Center Ngumpak Dalam n=26**		**Health Center Dander n=30**	
		freq	**%**	**freq**	**%**
1	Good (> 80%)	9	34.62	9	30.00

2	Pretty Good (64% -80%)	12	46.15	15	50.00
3	Not Good (<64%)	5	19.23	6	20.00
	Sum	**26**	**100.00**	**30**	**100.00**

Based on the table above 18, it can be seen that at the Ngumpak Dalam Community Health Center and the Dander Community Health Center, the majority of pregnant women stated that the fulfillment of their rights to Informed Choice was quite good at 46.15% and 50%.

d) Fulfillment of Pregnant Women's Rights to Safe Services

Assessment of pregnant women's compliance with safe services can be seen in table 19 below.

Tabel 19 Overview of Pregnant Women's Assessment of Safe Services at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	Fulfillment of Pregnant Women's Rights to Safe Services	Helath Center Ngumpak Dalem, n=26				Health Center Dander n=30			
		Yes	%	No	%	Yes	%	No	%
1	Midwife preparation for washing hands before and after	24	92,3	2	7,7	29	96,7	1	3,3
2	Explanation of equipment completeness	23	88,5	3	11,5	26	86,7	4	13,3
3	Midwives are able tocheck pregnancy	25	100	1	3,8	30	100	0	0
4	Midwives are able tohelp with complaints	26	100	0	0	30	100	0	0
	Sum	**13,8**	**95,2**	**1**	**4,7**	**42**	**95,8**	**0**	**4,2**

Based on the table 19 above, it can be seen that the average fulfillment of pregnant women's rights to safe services at the Ngumpak Dalam Community Health Center is good (average 95.2%). Meanwhile, at the Dander Community Health Center, the average fulfillment of pregnant women's rights to safe services is good (average 95.8%).

A recapitulation of the fulfillment of pregnant women's rights to safe services provided by Midwives at the Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024 can be seen in the table below.

Tabel 20 Recapitulation of Fulfillment of Pregnant Women's Rights to Safe Services at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	**Fulfillment of Pregnant Women's Rights to Safe Services**	**Helath Center Ngumpak Dalam**		**Fulfillment of Pregnant Women's Rights to Safe Services**	
		Freq	**%**	**Freq**	**%**
1	Good (> 80%)	21	80.77	25	83.33
2	Pretty Good (64% -80%)	2	7.69	4	13.33
3	Not Good (<64%)	3	11.54	1	3.33
	Sum	**26**	**100.00**	**30**	**100.00**

Based on the table 20 above, it can be seen that at the Ngumpak Dalam Community Health Center and the Dander Community Health Center, the majority of pregnant women stated that they fulfilled their rights to safe services at 80.77% and 83.33%.

e) Fulfillment of Pregnant Women's Rights to Privacy and Confidentiality of Services

An assessment of the fulfillment of pregnant women's rights to privacy and confidentiality of services can be seen in table 19 below.

Tabel 21 Gambaran Penilaian Ibu Hamil terhadap Privasi dan Kerahasiaan Pelayanan di Puskesmas Ngumpak Dalam dan Puskesmas Dander Tahun 2024

No	Variable	Criteria	Health Center Ngumpak Dalam n=26		Health Center Dander n=30	
			Freq	%	Freq	%
1	A private examination place (closed, partitioned)	Always	23	88,5	25	83,3
		Often	3	11,5	2	6,7
		Sometimes	0	0	1	3,3
		Never	0	0	2	6,7
		Sum	26	100,00	30	100
2	Confidentiality of services provided by midwives	Always	15	57,7	25	83,3
		Often	2	7,7	1	3,3
		Sometimes	3	11,5	1	3,3
		Never	6	23,1	3	10,1
		Sum	26	100	30	100

Based on the table 21 above, it can be seen that the fulfillment of pregnant women's rights to privacy of services at the Ngumpak Dalam Community Health Center is 88.5%. In addition, 57.7% of pregnant women expressed their constant assessment of the confidentiality of services provided by midwives. Meanwhile, at the Dander Community Health Center, pregnant women expressed a constant assessment of the privacy of services provided by midwives, amounting to 83.3%, and 83.3% of pregnant women expressed a constant assessment of the confidentiality of services provided by midwives.

A recapitulation of the fulfillment of pregnant women's rights to Privacy and Confidentiality of Services provided by Midwives at the Ngumpak Dalam and Dander Community Health Centers in 2024 can be seen in the table below.

Tabel 22 Recapitulation of Fulfillment of Pregnant Women's Rights to Privacy and Confidentiality of Services at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024.

No	Fulfillment of pregnantwomen's rights to Privacy and Confidentiality of Services	Health Center Ngumpak Dalam n=26		Health Center Dander n=30	
		Freq	%	Freq	%
1	Good (> 80%)	24	78,6	26	73,3
2	Pretty Good (64% -80%)	2	21,4	3	10,0
3	Not Good (<64%)	0	0	1	16,7
	Sum	**26**	**100,00**	**30**	**100,00**

Based on the table 22 above, it can be seen that at the Ngumpak Dalem Community Health Center, the majority of pregnant women stated that their rights to privacy and confidentiality of services were fulfilled at 78.6%, while at the Community Health Center Dander the majority of pregnant women stated that the fulfillment of their rights to privacy and confidentiality of services was good at 73.3%.

f) Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment and Comfortable Services

An assessment of the fulfillment of pregnant women's rights to polite, friendly treatment and comfortable service can be seen in Table 21 below.

Table 23 Description of Pregnant Women's Assessment of Polite, Friendly Treatment, Comfortable Services at Ngumpak Dalam Health Center and Dander Health Center in 2024

No	Variable	Criteria	Health Center Ngumpak Dalam n=26		Health Center Dander n=30	
			Freq	%	Freq	%
1	Polite midwifetreatment	Always	22	84,6	26	86,7
		Often	3	11,5	3	10
		Sometimes	1	3,8	0	0
		Never	0	0	1	3,3
		Amount	26	14	30	100
2	Friendly midwifetreatment	Always	21	80,8	24	80
		Often	4	15,4	2	14,3
		Sometimes	1	3,8	0	2,4
		Never	0	0	0	0
		Amount	14	14	30	100
3	Midwives give pregnant women the opportunity to expresstheir opinions about how they feel about their pregnancy	Always	20	92,9	21	76,2
		Often	**5**	19,2	4	19,1
		Sometimes	1	3,8	0	0
		Never	0	0	1	3,3
		Amount	14	100	30	100
4	Midwives allow pregnant women to ask questions about how they feel about their pregnancy	Always	21	80,8	25	83,3
		Often	4	15,4	5	16,7
		Sometimes	1	3,8	0	0
		Never	0	0	0	0
		Amount	14	100	30	100
5	The comfort of pregnant women duringpregnancy checks	Always	20	92,9	26	86.7
		Often	6	23,1	3	10
		Sometimes	0	0	0	0
		Never	0	0	1	3,3
		Amount	26	100	30	100
6	Midwives respond to pregnant women's complaints	Always	19	92,9	26	86.7
		Often	6	23,1	3	10
		Sometimes	1	3,8	0	0
		Never	0	0	1	3,3
		Amount	26	100	30	100

Based on Table 23 above, it can be seen that the assessment of pregnant women regarding polite, friendly treatment, comfortable service at the Ngumpak Dalam Health Center with the same percentage for the treatment of midwives which is the comfort of pregnant women during pregnancy checks and midwives responding to complaints from pregnant women is 23,1%.

Pregnant women's assessment of polite, friendly, comfortable service at the Dander Community Health Center stated that the highest percentage was often treated by midwives who allowed pregnant women to ask questions about how they felt about their pregnancy at 16.7%.

A recapitulation of the fulfillment of pregnant women's rights to Privacy and Confidentiality of Services provided by Midwives at the Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024 can be seen in Table 24. below.

Table 24. Recapitulation of Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment and Comfortable Services at Ngumpak Dalem Health Center and Dander Health Center in 2024

No	**Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment and Comfortable Services**	**Health Center Ngumpak Dalam n=26**		**Health CenterDander n=30**	
		Frek	**%**	**Frek**	**%**
1	Good (> 80%)	14	53.85	18	60.00
2	Pretty Good (64% -80%)	12	46.15	11	36.67
3	Not Good (<64%)	0	-	1	3.33
	Sum	**26**	**100.00**	**30**	**100.00**

Based on the table 24 above, it can be seen that at the Ngumpak Dalam Community Health Center, the majority of pregnant women stated that they fulfilled their rights to Polite, Friendly Treatment and Comfortable Services at 100%, while at the Dander Community Health Center, the majority of pregnant women stated that they fulfilled their rights to Polite, Friendly Treatment. , Comfortable service is good at 96.7%.

g) Fulfillment of Pregnant Women's Rights to Continuity of Services

An assessment of the fulfillment of pregnant women's rights regarding Continuity of Services can be seen in Table 25 below.

Table 25 Description of Pregnant Women's Assessment of Continuity of Services at Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024

No	Variable	Criteria	Health Center Ngumpak Dalam, n=26		Health center Dander n=30	
			Frek	%	Frek	%
1	Midwives advise pregnant women to give birth at the Community Health Center during ANC	Always	13	78,6	13	43,3
		Often	7	14,3	5	16,7
		Sometimes	6	7,1	9	30
		Never	0	0	3	10
		Amount	26	100	30	100
2	Midwives provide explanations to	Always	14	71,4	13	43,3
		Often	9	21,5	6	20

	pregnant women about the availability of support units	Sometimes	0	0	9	30
		Never	3	7,1	2	6,7
		Amount	26	100	30	100
3	Midwives provid information about referral efforts if pregnancy cannot be handled	Always	16	78,6	17	56,7
		Often	**6**	7,1	6	20
		Sometimes	2	0	0	0
		Never	2	14,3	7	23,3
		Amount	26	100	30	100

Based on Table 25 above, it can be seen that the fulfillment of the rights of pregnant women regarding the continuity of services at the Ngumpak Dalam Community Health Center stated that midwives never provide an explanation to pregnant women about the availability of supporting units at 7.1%. At the Dander Community Health Center, 23.3% of pregnant women at the Dander Community Health Center stated that midwives had never provided information regarding referral efforts if the pregnancy could not be handled.

A recapitulation of the fulfillment of pregnant women's rights regarding the continuity of services provided by Midwives at the Ngumpak Dalam Community Health Center and Dander Community Health Center in 2024 can be seen in the table below.

Table 26 Recapitulation of Fulfillment of Pregnant Women's Rights on Continuity of Services at Ngumpak Dalam Community Health Center and Dander Tahuhn Community Health Center 2024

No	**Fulfillment of Pregnant Women's Rights to Continuity of Services**	**Health Center Ngumpak Dalam n=26**		**Health Center Dander n=30**	
		Frek	**%**	**Frek**	**%**
1	Good (> 80%)	19	73,1	19	63,4
2	Pretty Good (64% -80%)	3	11,5	1	3,3
3	Not Good (<64%)	4	15,4	10	33,3
	Sum	**26**	**100**	**30**	**100,00**

Based on table 26 above, it can be seen that at the Ngumpak Dalam Community Health Center, 73.1% of pregnant women stated that they fulfilled their rights to continuity of good services, while at Dander Community Health Center 63.4% of pregnant women stated that they fulfilled their rights to continuity of good services.

h) Recapitulation Client Right Assesment (Assessment of Fulfillment of Pregnant Women's Rights)

Overall, the Client Rights Assessment (assessment of pregnant women regarding the fulfillment of pregnant women's rights) can be seen in Table 27 below.

Table 27. Recapitulation of Client Rights Assessment (Assessment of Pregnant Women's Rights regarding Fulfillment of Pregnant Women's Rights) at Ngumpak Dalam Nursing Center and Dander Health Center in 2024

No	Variable	Health Center Ngumpak Dalam								Health Center Dander							
		Good		Enough		Not Enough		Sum		Good		Enough		Not Enough		Sum	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
1	Information	9	34,62	12	46,15	5	19,23	26	100	15	50	6	20	9	30	30	100
2	Service Affordability	18	69,2	8	30,8	0	0	26	100	17	56,7	13	43,3	0	0	30	100
3	Informed Choice	9	34,62	12	46,15	5	19,23	26	100	9	30	15	50	6	20	30	100
4	Safe service	21	80,77	2	7,69	3	11,54	26	100	25	83,33	4	13,33	1	3,33	30	100
5	Privacy and confidentiality	24	78,6	2	21,4	0	0	26	100	26	73,8	3	7,1	1	19,1	30	100
6	Polite, friendly, comfortable treatment	14	53,85	12	46,15	0	0	26	100	18	60,0	11	36,67	1	3,33	30	100
7	Continuity of service	19	73,1	3	11,5	4	15,4	26	100	19	63,4	1	3,3	10	33,3	30	100
Mean			60.69		25.69		9.34		100		59.60		24.81		15.58		100

Based on table 27 above, it can be seen that on average pregnant women at the Ngumpak Dalam Community Health Center stated that their rights were fulfilled well, at 60.69%. The lack of fulfillment of rights was in pregnant women's fulfillment of information, informed choice, at 19%. Meanwhile, at the Dander Community Health Center, pregnant women stated that their rights were fulfilled quite well at 59.60%, less fulfillment was for pregnant women with 50% compliance with information and continuity of service at 33.3% in both Health Centers regarding Information;Access to service; informed choice; Safe service; Privacy and confidentiality; Dignity, comfort, and expression of opinion;Continuity of carestill not fulfilled.

According to Freya et al (2004) one of the dimensions of service quality is timeliness, meaning that health services must reduce patient waiting time and service delays. According to EngeenderHealth (2003), pregnant women have the right to obtain information about service knowledge (product knowledge) about types of services, places, human resources for services, facilities and infrastructure, and others, so that clients can choose and determine the type of service they want. According to EngeenderHealth (2003), clients or pregnant women have the right to obtain safe health services. According to the Indonesian Ministry of Health (2020) in providing antenatal services that meet standards, midwife skills are needed at every level of service in order to provide safe services for pregnant women, so that they can maintain quality assurance, provide reasonable services and avoid additional diseases when receiving services.

To fulfill the ease of service, officers are expected to provide ease of service by reducing or as far as possible eliminating existing obstacles and increasing access to pregnant women by providing ease of service. Based on the theory above, in an effort to improve the quality of service, it is necessary to provide information about the status of pregnancy and signs of labor from the beginning. So that from the beginning, pregnant women can choose and arrange when to return to the Health Center to give birth. The possible cause is the lack of knowledge of officers about the information needs required by pregnant women who are checking their pregnancy. So one solution is to socialize officers about the rights of pregnant women, especially regarding the need for information about pregnancy and health care so that the rights of pregnant women can be fulfilled.

3) Client Flow Analysis

The flow of antenatal care for pregnant women at the Ngumpak Dalem and Dander Community Health Centers is as follows..

a) Flow of Antenatal Services at Ngumpak Dalem Community Health Center and Dander Community Health Center

The flow of antenatal care at the Ngumpak Dalem and Dander Health Centers is presented in figures 1 and 2 below.

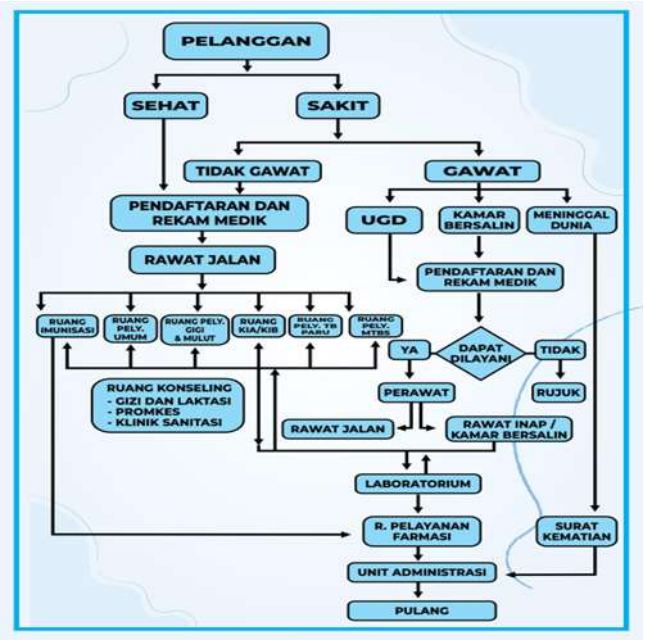

Figure 1 The flow of antenatal care at the Ngumpak Dalem Health Centre

Based on figure 1 above, the Antenatal Care Flow starts from the pregnant mother coming to the Community Health Center to the counter for registration, after that the pregnant mother is directed to the KIA Poly, at this KIA Poly the pregnant mother gets a standard pregnancy check and an ultrasound service is added. From the KIA Poly, pregnant women with no health problems go to the pharmacy to get Fe Tablets, etc. From the Return Counter. If there is a health problem, the pregnant woman will be forwarded to the medical center for examination for malaria, TB, HIV, anemia, HB, LILA, and also to the laboratory. From BP and Laboratory, the mother is pregnant again to the pharmacy service room then to the administration unit and go home.

Figure.2 The flow of antenatal care at the Dander Health Centre

Based on figure 2 above, the Antenatal Care Flow starts from the Pregnant Mother coming to the Community Health Center to the counter for registration, after that the pregnant mother is directed to the KIA Poly, at this KIA Poly the pregnant mother gets a standard pregnancy check. From the KIA Poly, pregnant women are directed to the Nutrition Room to receive nutritional services including nutritional counseling. From the Nutrition Room, if the pregnant woman has no health problems, go to the pharmacy to get Fe Tablets, etc. From the Return Counter. If there is a health problem, the pregnant woman will be forwarded to the medical center for examination for malaria, TB, HIV, anemia, HB, LILA, and also to the laboratory. From BP or Laboratory, Pregnant Women return to the KIA Poly, after that to the Pharmacy and Go Home.

b) Service Waiting Time and Service Contact Time at Ngumpak Dalem Inpatient Health Center and Dander Non-Inpatient Health Center

Waiting time for services and contact time for antenatal care for pregnant women at the Ngumpak Dalem Inpatient Health Center and the Dander Non- Inpatient Health Center (observation results are attached in the Appendix)

A recapitulation of Client Flow Analysis (Service Flow for Pregnant Women) at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center, June 2024 can be seen in Table 28 below.

Table 28 Recapitulation of Client Flow Analysis (Flow of Services for Pregnant Women) at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center, June 2024

No	***Client Flow Analysis***	**Health center**	
		Ngumpak dalem**(n=26)**	Dander **(n=30)**
1	Total time of pregnant women at thehealth center (minutes)	2,620	1,429
2	Total contact time for pregnant women receiving antenatal care (minutes)	1,716	636
3	Total Waiting Time for Pregnant Women to Get Services (minutes)	629	510
4	Average Time for Pregnant Women at the Community Health Center (minutes)	110	57
5	Average contact time for pregnantwomen receiving antenatal care (minutes)	70	25
6	Average Waiting Time for PregnantWomen to Get Services (minutes)	20	16
7	Minimum time for pregnant women at the health center (minutes)	25	18
8	Minimum length of contact for pregnant women to receive antenatal care (minutes)	11	12.
9	Minimum waiting time for pregnant women to receive services (minutes)	3	6
10	Maximum Time for Pregnant Women at the Community Health Center (minutes)	106	138
11	Maximum contact time for pregnant women to receive antenatal care (minutes)	80	54
12	Maximum Waiting Time for Pregnant Women to Get Services (minutes)	43	102
13	Percentage of length of contact between pregnant	65.50 %	44.50 %

	women and midwives (Total length of service contact / Total time at Puskesmas)		
14	Percentage of waiting time for pregnant women to receive ANC services by midwives (Total waiting time for services/Total time at Puskesmas)	24.00%	35.68%

Based on Table 28 above, it can be seen that the average time for pregnant women at the Community Health Center from arriving at the Community Health Center to leaving the Community Health Center shows that the Ngumpak Dalem Community Health Center is longer than the Dander Community Health Center (there is a difference of 53 minutes). Meanwhile, the average contact time for pregnant women receiving antenatal care at the Ngumpak Dalem Community Health Center is longer than the Dander Community Health Center (a difference of 45 minutes). The average waiting time for pregnant women to receive services at the Ngumpak Dalem Community Health Center is longer than the Dander Community Health Center (a difference of 4 minutes). Percentage The duration of contact between pregnant women and midwives at the Ngumpak Dalem Community Health Center is longer than that at the Dander Community Health Center (21% difference). The percentage of waiting time for pregnant women to receive ANC services by midwives at the Dander Community Health Center is longer than at the Ngumpak Dalem Community Health Center (a difference of 1.49%). From the results of observations at the Ngumpak Dalem Care Health Center, both the waiting time for service and the length of the antenatal service, the time is longer than the Dander Non-Care Health Center, because at the Ngumpak Dalem Health Center there is an additional ultrasound examination service, so that quite a lot of pregnant women come to the Puskesmas and this ultimately has an impact. the waiting time to get service is long. About Client waiting times; Client contact time inNgumpak Dalem Inpatient Health Centerlonger thanDander Non-Inpatient Health Center.

According to Freya et al (2004) one of the dimensions of service quality is timeliness (on time) meaning that health services must reduce patient waiting time and service delays. For that, it is necessary to create a standard response time that must be implemented in health centers. And in the study quoted from Rosa's writing in the book Ambulatory Care Organization and Management, it was found that one of the patient's complaints about doctors was that the waiting time was too long.

Based on the theory above, there needs to be special handling to improve the conditions experienced by pregnant women, especially the waiting time for services as an effort to improve the quality of services at Community Health Centers.

b. Stage II Action Plan and Priority

Through Focus Group Discussion (FGD) Discussing problems from Information Gathering and Analysis data between teams at the Ngumpak Dalem Inpatient Health Center consisting of 8 people consisting of 7 midwives and 1 Head of the Health Center and at the Dander Non-Inpatient Health Center consisting of 8 people consisting of 7 midwives and 1 Head of the Health Center with a brainstorming system with the following stages:

1) Stage I Problem Identification

Table 29 Problem Identification at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center, June 2024

No	Variables	Sub Variables	Health Center	
			Ngumpak Dalem	Dander
1.	Midwife Commitment	Level of Commitment	Medium Commitment percentage 75%,	The commitment of midwives is 1%. (table 1)

			(table 1)	
2.	Pregnant Women's Satisfaction		The level of satisfaction of pregnant women with ANC is sufficient with a value of 46% (table 5)	The level of satisfaction of pregnant women with ANC is sufficient with a value of 3% (table 5)
3.	Fulfillment of officer needs (Self Needs Assessment)	Supervision	Lack of Up-to-Date Information, Training and Development with a value of 25% (Table 9)	-Lack of supervision by the Health Service, value 70% (Table 7)
				Lack of Up-to-Date Information, Training and Development, value 47% (Table 9)
4.	Fulfillment of the Rights of Pregnant Women (Client Right Assessment)	Information about pregnancy care andhealth	Lack of fulfillment of pregnant women's rights to information with a value of 62% (Table 14) The low value in the information variable is the lack of information provided about pregnancy status (58.97%), danger signs for pregnant women (46.15%), signs of labor (53.85%).	Sufficient fulfillment of pregnant women's rights to information with a value of 71.33% (Table 14) The low value in the information variable is the lack of information provided about pregnancy status (56%), danger signs for pregnant women (52%), signs of labor (60%).
		Informed choice	Fulfillment of pregnant women's rights to Informed Choice Sufficient, value 69.23% (Table 18)	Lack of fulfillment of pregnant women's rights to informed choice, value 56% (Table 18)
			There is a low score on Information about service type options (58.97%)	It is found in all Informed Choice variables, namely less information about the choice of service type (56%). Types of officers (56%) and infrastructure (56%)
		Privacy and confidentiality	Fulfillment of pregnant women's rights to privacy and confidentiality is sufficient with an average value of 2.85 (Table 22) There are values of examination locations that are not private (15.38%), there is never confidentiality of services provided by midwives (30.77%)	
		Treated with courtesy, friendliness, comfortable service and the	Fulfillment of the rights of pregnant women to polite, friendly treatment and safe services is sufficient with an average value of 2.57 (Table	Fulfillment of pregnant women's rights to polite, friendly treatment and safe services is sufficient with an average value of 2.99 (Table

		right to have complaints responded to	24) There was the highest score for midwives who did not treat them in a friendly manner (35.90%), midwives did not give the opportunity to ask about what they felt during the pregnancy (30.77%).	24). The highest score was for midwives not treating them in a friendly manner (28%), midwives not giving them the opportunity to ask about what they felt during their pregnancy (32%).
		Continuity of service	Fulfillment of pregnant women's rights to continuity of services is sufficient with an average value of 2.79 (Table 26) The highest score was that midwives never provided information about referral efforts if pregnancy care could not be handled (17.95%).	
5	Client Flow Analysis	Service Waiting Time	Longer with an average value of 24 minutes compared to Dander Health Center with an average value of 17 minutes (Table 28)	
		Pregnant women's contact time with midwives	Average value 66 minutes	Faster contact time, with an average value of 21 minutes compared to (table 28)

2) Stage II Priority Problems with USG Method

Table 30. Priority Problems with the Ultrasound Method at the Ngumpak Dalem Inpatient Health Center, June 2024

No	Problem	Urgency	Seriousness	Growth	Total	Rank
1.	Lack of Fulfillment of Midwives'Rights to Supervision by the Health Service	3	1	2	6	5
2.	Lack of Fulfillment of Midwives'Rights to Supervision by the Health Service Information Update, Training and Development	7	7	7	21	1
3.	Lack of fulfillment of pregnantwomen's rights to information	5	4	5	14	3
4.	Sufficient fulfillment of pregnant women's rights to informed choice	4	4	3	11	4
5.	Sufficient fulfillment of pregnant	2	2	2	6	6

	women's rights to privacy and confidentiality					
6.	Sufficient fulfillment of the rights of pregnant women to polite, friendly treatment, comfortable service	6	6	6	18	2
7.	Sufficient fulfillment of pregnant women's rights to continuity of services	1	3	2	6	7
8.	Length of Waiting Time for Pregnant Women to Receive Services	0	1	1	2	8

Based on Table 30 of the Priority of problems using the USG method, the results of the priority of problems were obtained, three priority problems were taken, with ranking 1 (one) on the problem of Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service for Up-to-Date Information, Training and Development, ranking 2 (two) on the problem of Sufficient Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment, Comfortable Services and ranking 3 (three) Lack of Fulfillment of Pregnant Women's Rights to Information.

Table 31. Priority Problems with USG Method at Dander Non-Inpatient Health Center, June 2024

No	Problem	Urgency	Seriousness	Growth	Total	Rank
1.	Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service Information Update, Training and Development	4	4	4	12	1
2.	Lack of fulfillment of pregnant women's rights to information	2	1	2	5	3
3.	Sufficient fulfillment of pregnant women's rights to informed choice	2	1	1	4	4
4.	Sufficient fulfillment of the rights of pregnant women to polite, friendly treatment, comfortable service	2	3	3	8	2
5.	Fast Time of Contact between Pregnant Women and Midwives	0	1	0	1	5

Based on Table 31 of the Priority of problems using the USG method, the results of the priority of problems were obtained, three priority problems were taken, with ranking 1 (one) on the problem of Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service for Up-to-Date Information, Training and Development, ranking 2 (two) on the problem of Sufficient Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment, Comfortable Services and ranking 3 (three) Lack of Fulfillment of Pregnant Women's Rights to Information.

3) Stage III Finding the root cause of the problem using the fish bone diagram method

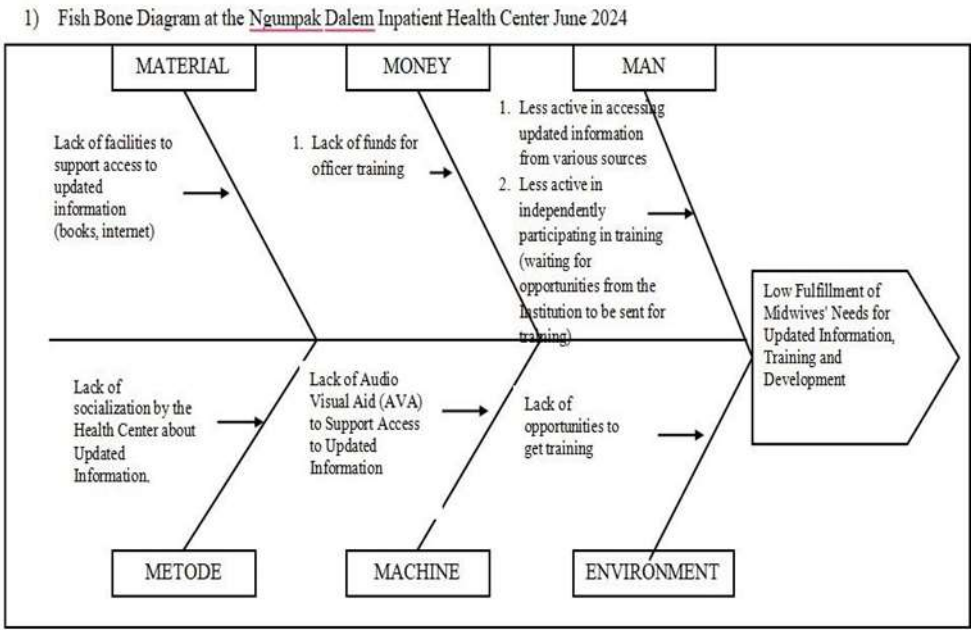

Figure 3. Fish Bone Diagram Low Fulfillment of Midwives Needs for Updated Information, Training and Development at The Ngumpak Dalem Health Centre

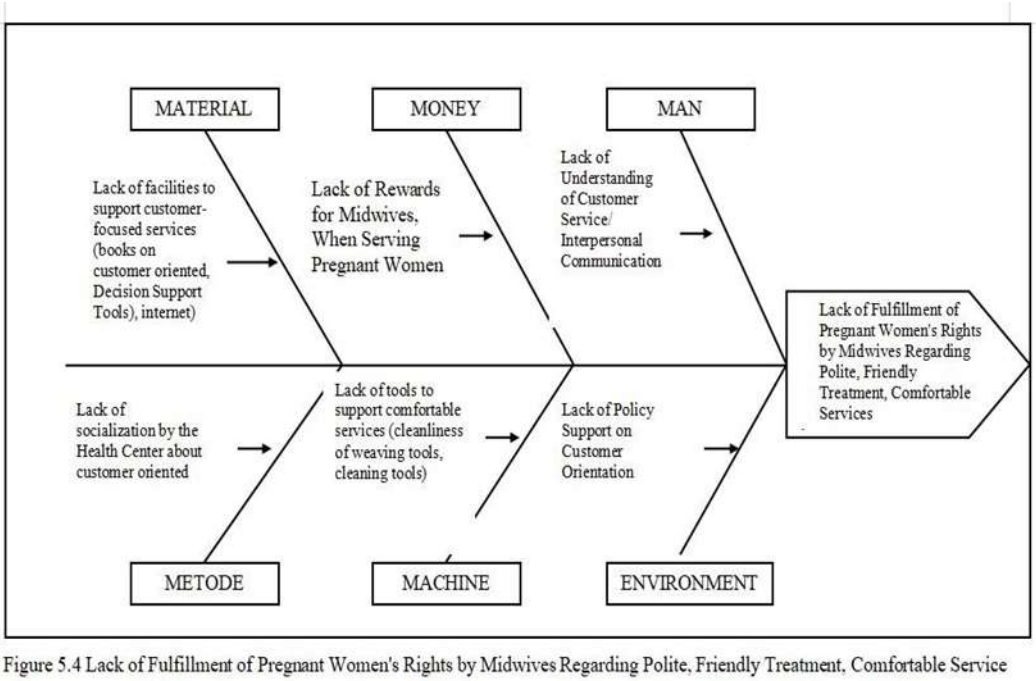

Figure 4. Fish Bone Diagram Low Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly, Treatment, Comfortable Services at The Ngumpak Dalem Health Centre

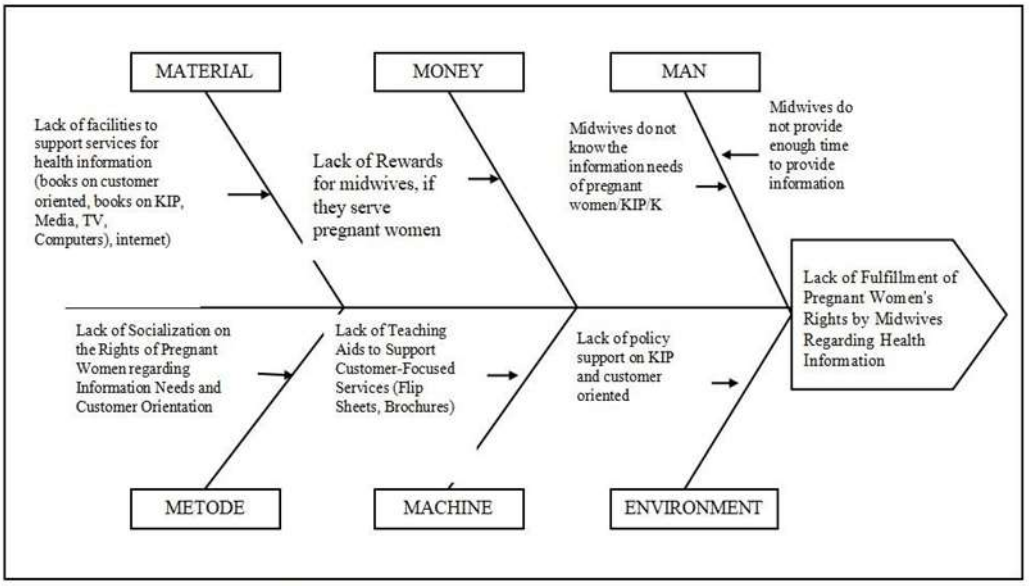

Figure 5.5 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

Figure 5. Fish Bone Diagram Low Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at The Ngumpak Dalem Health Centre

Fish Bone Diagram at Dander Bojonegoro Non-Inpatient Health Center June 2024

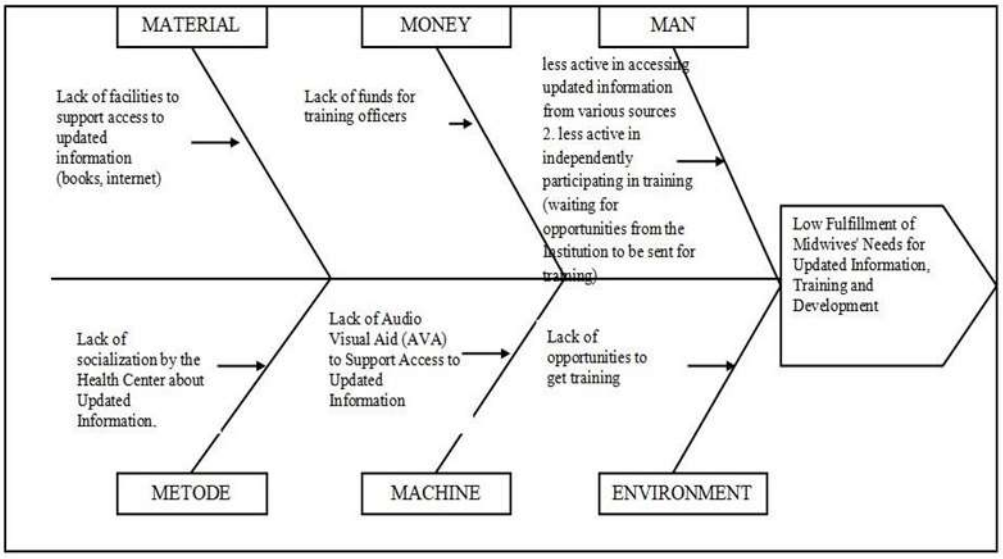

Figure 5.6 Low Fulfillment of Midwives' Needs for Updated Information, Training and Development

Figure 6. Fish Bone Diagram Low Fulfillment of Midwives Needs For Update Information Training and Development at The Dander Health Centre

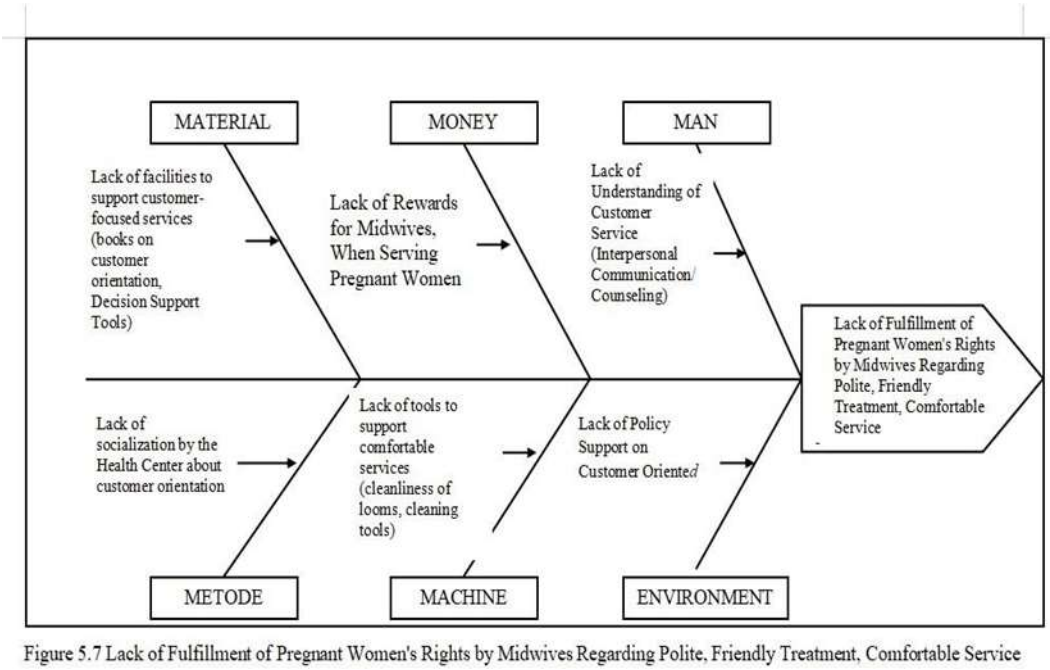

Figure 5.7 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Service

Figure 7. Fish Bone Diagram Low Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly, Treatment, Comfortable Services at The Dander Health Centre

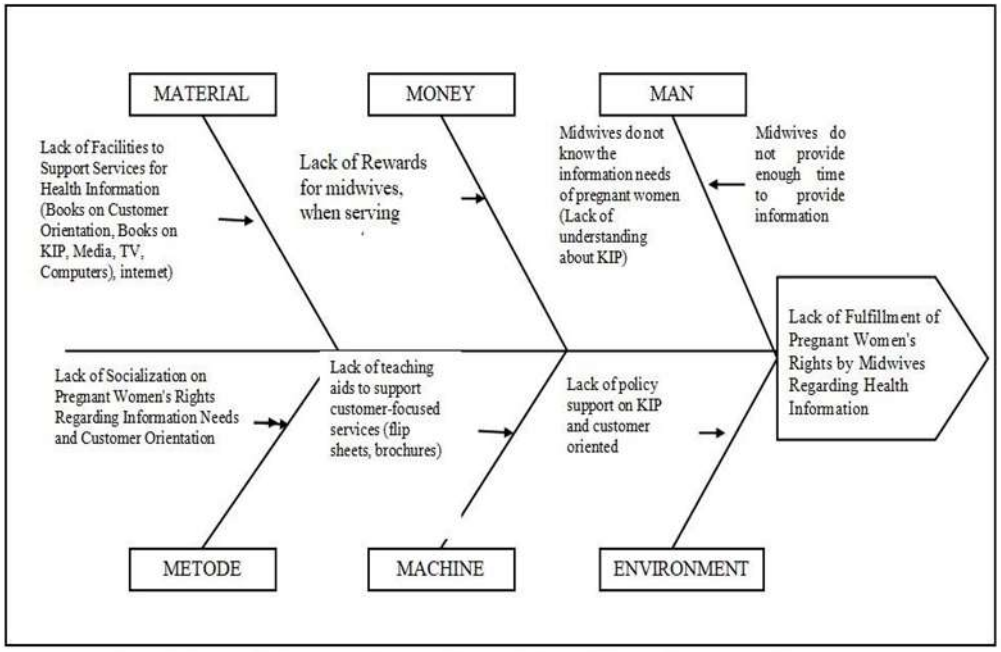

Figure 5.8 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

Figure 8. Fish Bone Diagram Low Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at The Dander Health Centre

4) Stage IV Prioritize the Causes of Problems Using the CARL Method

a) Priority Causes of Problems at Ngumpak Dalem Inpatient Health Center, June 2024

Table 32. Priority Causes of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, Ngumpak Dalem Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Less active in accessing up-to-date information from various sources	1	2	2	3	12	5
2.	Less active in independently participating intraining (waiting for opportunities from the Institution to be sent for training)	3	2	2	3	36	4
3.	Lack of funds for officer training	3	3	3	2	54	3
4.	Lack of facilities to support access to up-to-date information (books, internet)	4	3	3	2	72	2
5.	Lack of opportunities for training	5	4	4	5	400	1
6.	Lack of socialization by the Health Center regarding Updated Information, Training.	2	1	2	1	4	7
7.	Lack of Audio Visual Aid (AVA) to SupportAccess to Up-to-Date Information	2	2	2	1	8	6

Based on Table 32, the priority causes of the problem are ranked 1 (one) Lack of opportunity to receive training.

Table 33. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Ngumpak Dalem Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Lack of understanding about Customer service (Interpersonal communication/Counselling)	5	4	5	5	500	1
2.	Lack of rewards for midwives when serving pregnant women	3	3	3	2	54	4
3.	Lack of socialization by the Health Center regarding customer orientation	2	3	4	4	96	2
4.	Lack of policy support on KIP and customer oriented	3	2	3	4	72	3
5.	Lack of means to support customer-focused service (books on customer oriented, DecisionAid Tools)	2	3	2	2	24	5
6.	Lack of tools to support comfortable service (cleanliness of weaving tools, cleaning tools)	2	2	2	2	16	6

Based on Table 33, the priority of the causes of the problem is ranked 1 (one) Lack of understanding of customer service (interpersonal communication/counseling).

Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information.

The priority causes of the problem of the lack of fulfillment of pregnant women's rights by midwives regarding health information can be seen in Table 34.

Table 34 Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Ngumpak Dalem Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank

1.	Midwives Do Not Know the Information Needs of Pregnant Women/Lack of understanding about KIP	4	3	4	5	240	1
2.	Midwives do not provide enough time to provide information	2	2	3	2	24	4
3.	Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	3	3	3	4	108	2
4.	Lack of policy support on KIP and customer oriented	2	2	2	4	32	3
5.	Lack of rewards for midwives when serving pregnant women	2	2	2	1	8	7
6.	Lack of facilities to support services for health information (books on customer orientation, books on KIP, Media, TV, Computers)	2	3	2	1	12	6
7.	Lack of teaching aids to support customer-focused service (flip sheets, brochures)	2	2	2	2	16	5

Based on Table 34, the priority causes of the problem are ranked 1 (one), namely the midwife does not know the information needed by pregnant women/lack of understanding about Interpersonal Communication.

b) Priority Causes of Problems at Dander Bojonegoro Non-Inpatient Health Center, June 2024

Priority Causes of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development.

Table 35 Priority Causes of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, Dander Bojonegoro Non-Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Less active in accessing up-to-date information from various sources	2	2	2	2	16	5
2.	Less active in independently participating in training (waiting for opportunities from the Institution to be sent for training)	2	3	2	2	24	4
3.	Lack of funds for officer training	2	2	3	3	36	3
4.	Lack of facilities to support access to up-to-date information (books, internet)	4	4	3	2	96	2
5.	Lack of opportunities for training	4	4	4	4	256	1
6.	Lack of socialization by the Health Center regarding Updated Information, Training.	2	2	2	1	8	7
7.	Lack of Audio Visual Aid (AVA) to SupportAccess to Up-to-Date Information	2	1	2	3	12	6

Based on Table 35, the priority causes of the problem are ranked 1 (one) Lack of opportunity to receive training.

i. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Service.

Table 36 Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Lack of understanding about Customer service (Interpersonal communication)	4	4	4	3	192	1
2.	Lack of rewards for midwives when serving pregnant women	2	2	2	2	16	4
3.	Lack of socialization by the Health Centerregarding customer orientation	2	3	3	4	72	2
4.	Lack of policy support on KIP and customer oriented	2	2	3	3	36	3
5.	Lack of means to support customer-focused service (books on customer oriented, Decision Aid Tools)	2	1	2	3	12	5
6.	Lack of tools to support comfortable service (cleanliness of looms, cleaning tools)	2	1	2	2	8	6

Based on Table 36, the priority of the causes of the problem is ranked 1 (one) Lack of understanding of customer service (interpersonal communication/counseling).

ii. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

Table 37. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at Dander Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Midwives Do Not Know the InformationNeeds of Pregnant Women/Lack of understanding about KIP	3	3	3	4	108	1
2.	Midwives do not provide enough time to provide information	2	3	2	2	24	4
3.	Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	2	3	3	3	54	2
4.	Lack of policy support on KIP and customer oriented	2	3	2	3	36	3
5.	Lack of rewards for midwives when serving pregnant women	2	2	2	1	8	7
6.	Lack of facilities to support services for health information (books on customer orientation, books on KIP, Media, TV, Computers)	2	3	2	1	12	6
7.	Lack of teaching aids to support customer-focused service (flip sheets, brochures)	2	2	2	2	16	5

Based on Table 37, the priority causes of the problem are ranked 1 (one), namely: Midwives do not

know the information needs of pregnant women/lack of understanding about nterpersonal communication/Counselling).

5) Stage V Determine Alternative Solutions and Solution Priorities Using the MEER method.

a) The compilation of alternative problems at the Ngumpak Dalem Inpatient Health Center can be seen in Table 38 below.

Table 38. Preparation of Alternative Problems at the Ngumpak Dalem Inpatient Health Center, June 2024

No	Problem	Cause of the Problem	Alternative Problem Solving
1.	Low Fulfillment of Midwives' Needs for Updated Information, Training and Development.	a. Lack of opportunities for training	1) Training for officers according to their needs, especially to improvethe quality of ANC services. 2) Implementing education improvement programs to a higher level
		b. Lack of facilities to support access to up- to-date information (books, internet)	1) Provision of facilities to support access to up-to-date information
2.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services	a. Lack of understandingabout Customer service (Interpersonal communication/Counselling)	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		b. Lack of socialization by the Health Center regarding customer orientation	1) Socialization of ANC servicesthat focus on customers
3.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information	a. Midwives Do Not Know the InformationNeeds of Pregnant Women/Lack of Understanding about KIP	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		b. Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	Socialization of ANC services that focus on customers

Based on Table 38 of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, there are 3 (three) Alternative Problem Solving, for the problem of Fulfillment of Pregnant Women's Rights by Midwives for Polite, Friendly Treatment, Comfortable Services, there are 4 (four) alternative problem solving and for the problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives for Health Information, there are 4 (four) alternative problem solving.Compilation of Alternative Problems at the Dander Bojonegoro Non- Inpatient Health Center June 2024

b) Compilation of Alternative Problems at the Dander Bojonegoro Non- Inpatient Health Center June 2024

The compilation of alternative problems at the Dander Bojonegoro Non-Inpatient Health Center can be seen in table 39 below.

Table 39 Arrangement of Alternative Problems at the Dander Bojonegoro Non- Inpatient Health Center, June 2024

No	Problem	Cause of the Problem	Alternative Problem Solving
1.	Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, Dander Health Center	a. Lack of opportunities for training	1) Training for officers according to their needs, especially to improve the quality of ANC services. 2) Implementing a program to increase education to a higher level
		b. Lack of facilities to support access to up- to-date information (books, internet)	1) Provision of facilities to support access to up-to-date information
2.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at Dander Health Center	Lack of understanding about Customer service (Interpersonal communication/Counselling)	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		Lack of socialization by the Health Center regarding customer orientation	1) Socialization of ANC services that focus on customers
3.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at Dander Health Center	Midwives Do Not Know the Information Needs of Pregnant Women/Lack of Understanding about KIP	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	Socialization of ANC services that focus on customers

Based on Table 39 of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, there are 3 (three) Alternative Problem Solving, for the problem of Fulfillment of Pregnant Women's Rights by Midwives for Polite, Friendly Treatment, Comfortable Services, there are 4 (four) alternative problem solving and for the problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives for Health Information, there are 4 (four) alternative problem solving.

Alternative Problem Solving Priorities

Based on the priority of the causes of the problem that have been classified using the CARL method, the priority of alternative problem solving will be determined using the MEER method.

a) Priorities for Alternative Problem Solving at the Ngumpak Dalem Inpatient Health Center 2024

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development with the MEER Method.

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development can be seen in Table 40 below.

Table 40 Alternative Priorities for Solving the Problem of Fulfilling Midwives' Needs for Updated Information, Training and Development at the Ngumpak Dalem Inpatient Health Center in 2024

No	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Training for officers accordingto their needs, especially to improve the quality of ANC services.	4	4	4	5	17	1
2.	Implementing a program to improve education to a higher level	3	2	2	3	10	3
3.	Provision of facilities to supportaccess to up-to-date information	3	3	2	3	11	2

Based on Table 40, the priority of alternative solutions to the problem of fulfilling midwives' needs for updated information, training and development is prioritized in Rank 1 (one), namely training for officers according to their needs, especially to improve the quality of ANC services.

i. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services with the MEER Method

Table 41 Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Ngumpak Dalem Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication Training/Counselling for ANCservices	4	4	3	4	15	1
2.	Midwives increase intensive counseling and education for pregnant women	4	4	2	3	13	2
3.	Customer oriented PolicySupport	2	2	3	3	10	4
4.	Socialization of ANC servicesthat focus on customers	4	2	2	3	11	3

Based on Table 41, the priority of alternative solutions to the problem of the lack of fulfillment of the rights of pregnant women by midwives regarding polite, friendly treatment and comfortable services

is prioritized in Rank 1 (one), namely Interpersonal Communication Training/counseling for ANC services.

ii. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information Using the MEER Method

Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information can be seen in Table 5.50 below.

Table 42 Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Ngumpak Dalem Inpatient Health Center 2024

No	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication Training/Counselling for ANC services	3	4	3	3	13	1
2.	Midwives increase intensive counseling and education for pregnant women	3	3	2	3	11	3
3.	Socialization of ANC services that focus on customers	3	2	2	3	10	4
4.	Customer oriented PolicySupport	4	3	3	2	12	2

Based on Table 42, the priority alternatives for solving the problem of the lack of fulfillment of pregnant women's rights by midwives regarding health information are prioritized in Rank 1 (one), namely Interpersonal Communication Training/counseling for ANC services.

b) Alternative Priorities for Problem Solving at Dander Bojonegoro Non- Inpatient Health Center 2024

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development with the MEER Method. Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development can be seen in Table 43 below.

Table 43 Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development at the Dander Bojonegoro Non-Inpatient Health Center 2024

	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Training for officers according to their needs, especially to improve the quality of ANC services.	4	4	5	3	14	1
2.	Implementing a program to improve education to a higher level	2	3	2	3	10	3
3.	Provision of facilities to support	3	3	4	3	13	2

access to up-to-date information

Based on Table 43, the priority alternatives for solving the problem of low fulfillment of midwives' needs for updated information, training and development are prioritized in Rank 1 (one), namely training for officers according to their needs, especially to improve the quality of ANC services.

i. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services with the MEER Method

Table 44. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Dander Bojonegoro Non- Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount	Rank
		M	E	E	R		
1.	Interpersonal Communication and Counseling Training for ANC services	4	5	4	5	18	1
2.	Midwives provide intensive counseling and education to pregnant women.	2	2	2	3	9	4
3.	Customer oriented policysupport.	4	2	2	3	11	3
4	Socialization of ANC servicesthat focus on customers.	4	3	3	3	13	2

Based on Table 44, the priority of alternative solutions to the problem of the lack of fulfillment of the rights of pregnant women by midwives regarding polite, friendly treatment and comfortable services is prioritized in Rank 1 (one), namely Interpersonal Communication Training/counseling for ANC services.

ii. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information Using the MEER Method

Table 45 Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication/Counselling Training for ANC services	4	4	5	5	18	1

2.	Midwives increase intensive counseling and education for pregnant women	3	4	3	3	13	2
3.	Socialization of ANC servicesthat focus on customers	3	2	2	3	10	4
4	Customer oriented PolicySupport	4	3	3	2	12	3

6) Stage VI: Create an activity plan that decides to whom and when the problems will be conveyed using the 5 Ws (Why, What, Where, When, Who, + 1 H (How)

a) Activity Plan at Ngumpak Dalem Inpatient Health Center in 2024

i. Improvement Activity Plan for Low Fulfillment of Midwives' Needs for Updated Information, Training and Development

The activity plan to improve the low fulfillment of midwives' needs for updated information, training and development can be seen in Table 46 below.

Table 46 Plan of Activities to Improve the Low Fulfillment of Midwives' Needs for Updated Information, Training and Development at Ngumpak Dalem Health Center 2024

No	Reason	Why	What	Where	When	Who	Method(How)
1.	Lack of opportunitie s to get training, especially training on Antenatal Care	There is no opportunit y to get training on ANC	Improving the quality of ANC servicesby midwives	At the Health Service	June 4th Week	TOT Integrat ed ANC Services	a. Training for Community Health Center Midwives b. Create a training needs plan for officers according to their needs.
2.	Lack of facilities to Support access to updated information	There is no facility to access up to date information.	Planning for Easy access to informa tion	At the health center, bro	June 4th Week	Head of Health Center	Provision of facilities to support access to information including books on midwifery services (integrated ANC, maternal health service books, books on excellent customer-oriented service

Based on Table 46, the Improvement Activity Plan for the Low Fulfillment of Midwives' Needs for Updated Information, Training and Development at the Ngumpak Dalem Health Center is through Training for Health Center Midwives, Making a Training Needs Plan for Officers according to their Needs, Fulfillment of Facilities to Support Access to Information, including Books on Midwifery Services (Integrated ANC, Maternal Health Service Books, Books on Excellent Customer Oriented Service.

ii. Action Plan to Improve the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at Ngumpak Dalem Health Center

Table 47. Plan of Activities to Improve the Lack of Fulfillment of the Rights of Pregnant Women by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Ngumpak Dalem Health Center

No	Reason	Why	What	Where	When	Who	Method (How)
1.	Lack of understanding about customer service, Interpersonal Communication/Counselling	Midwives are less aware of the importance of customer orientation in service	Improve the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Department	June, Week 4	TOT KIP/K IBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer-oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/K IBI Surabaya Branch public health Office	Socialization of Customer-focused ANC Services, Integrated ANC

Based on Table 47, the Improvement Activity Plan for the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Ngumpak Dalem Health Center is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women as well as Socialization on ANC Services that focus on Customers, Integrated ANC

iii. Activity Plan for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at Ngumpak Dalem Health Center

Table 48. Plan of Activities for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Ngumpak Dalem Inpatient Health Center 2024

Reason	Why	What	Where	When	Who	Method

1.	Midwives' ignorance about the information needs of pregnant women	Midwives are less aware of the importance of customer orientation in service	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/K IBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women.
2.	Lack of socializatio n for midwives about customer-oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	Public health Office	June, Week 4	TOT KIP/K IBI Surabaya Branch public health Office	Socialization of Customer-focused ANC Services, Integrated ANC

Based on Table 48, the Activity Plan for Fulfilling the Rights of Pregnant Women by Midwives Regarding Health Information at the Ngumpak Dalem Health Center in 2024 is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women and Socialization on ANC Services that focus on Customers, Integrated ANC.

b) Activity Plan at Dander Bojonegoro Non-Inpatient Health Center in 2024

i. Improvement Activity Plan for Low Fulfillment of Midwives' Needs for Updated Information, Training and Development

Table 49. Activity Plan to Fulfill Midwives' Needs for Updated Information, Training and Development at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Reason	Why	What	Where	When	Who	Method (How)

1	Lack of opportunities to get training, especially training on Antenatal Care	There is no opportunity to get training on ANC	Improving the quality of ANC services by midwives	At the Health Service	June 4th Week	TOT Integrated ANC Services	a. Training for Community Health Center Midwives b. Create a training needs plan for officers according to their needs.
2.	Lack of facilities to support access to updated information	There is no facility to access updated information.	Planning for easy access to information	At the health center, bro	June 4th Week	Head of Health Center	Provision of facilities to support access to information including books on midwifery services (integrated ANC, maternal health service books, books on excellent customer oriented service

Based on Table 49, the Improvement Activity Plan for the Low Fulfillment of Midwives' Needs for Up-to-date Information, Training and Development at the Dander Bojonegoro Health Center in 2024 is through Training for Health Center Midwives, Making a Training Needs Plan for Officers according to their Needs, Fulfillment of Facilities to Support Access to Information including Books on Midwifery Services (Integrated ANC, Maternal Health Service Books, Books on Excellent Customer-Oriented Service.

ii. Activity Plan to Improve the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

Table 50. Plan of Activities for Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Reason	Why	What	Where	When	Who	Method
1.	Lack of understanding about customer service, Interpersonal Communication/Counselling	Midwives are less aware of the importance of customer orientation in service	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/K IBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/K IBI Surabaya Branch Public health Office	Socialization of Customer-focused ANC Services, Integrated ANC

Based on Table 50, the Activity Plan for Improving the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center in 2024 is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women as well as Socialization on ANC Services that focus on Customers, Integrated ANC.

iii. Activity Plan for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center 2024

Table 51 Plan of Activities for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1.	Midwives' ignorance about the information needs of pregnant women	Midwives are less aware of the importance of customer orientation in service	Improvingthe knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/K IBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer-oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	Public health Office	June, Week 4	TOT KIP/K IBI Surabaya Branch public health Office	Socialization of Customer-focused ANC Services, Integrated ANC

Based on Table 51, the Activity Plan for Fulfilling the Rights of Pregnant Women by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center in 2024 is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women and Socialization on ANC Services that focus on Customers, Integrated ANC.

Recommendations in Efforts to Improve the Quality of Antenatal Services Based on the COPE Method in Community Health Centers

Recommendations in efforts to improve the quality of antenatal services based on the COPE method at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center are as follows:To fulfill the rights of pregnant women is to carry out an increase in the knowledge of officers about the 7 rights of pregnant women through socialization; improve the ability of midwives as managers of maternal health services in the field of obstetrics and interpersonal communication and counseling; develop an assessment of good communication skills with clients that can be measured quantitatively through communication skill quality standards. To fulfill the needs of officers is to carry out supervision activities with two-way communication methods and planning the needs of officer training and education.

4. Conclusion

The type of commitment of midwives at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center is the Morally Committed Type. The commitment stage is at the Commitment During Later stage. The level of commitment is low.

The satisfaction of pregnant women before the intervention at the Ngumpak Dalem Inpatient Health Center was quite satisfied and at the Dander Non-Inpatient Health Center was very satisfied.

The COPE process in Stage I Information Gathering and Analysis includes Self Need Assessment which has not been fulfilled Facilitation supervision and on Information up date, training and development. Client Right Assessment less fulfilled. Client Flow Analysis about waiting time and service time there is a difference. Stage II Action Plan and Priority is Training for Midwives on Interpersonal Communication and Counseling.

Recommendations for Improving the Quality of Antenatal Services based on the Client Oriented Provider Efficiency (COPE) Method at the Health Center are Socialization for officers about the 7 rights of pregnant women, planning training needs for officers in the field of obstetrics and interpersonal communication and counseling, developing a measurable Midwife interpersonal communication and counseling Ability Assessment, implementing supervision activities with a 2 (two) way communication method. planning training and education needs for officers.

From the research that has been conducted, the suggestion that can be given is that the Bojonegoro Regency Health Center pIt is necessary to form a COPE quality control team (COPE Committee) which functions to monitor and control the quality of services at the Health Center; provide fulfillment of the needs of midwives' rights by increasing facilitative supervision, providing up-to- date information, training and development and providing adequate facilities and infrastructure;Conduct meetings at least once a week with the Head of the Health Center, Health Center Staff, to build staff commitment (staff from all areas of the health facility must participate in identifying problems and solutions, from administration and support staff to service providers towards the implementation of antenatal services and improving the management of antenatal services at all levels; provide socialization to midwives about the legal basis for midwifery practice and antenatal service standards, increase commitment by providing rewards; socialization to pregnant women about7 (seven) rights of pregnant women in pregnancy services through leaflets, placing posters about the rights of pregnant women in front of the maternal and child health polyclinic.

Conflict of Interest

This study does not have any conflicts of interest because the researcher's publication or research would not be influenced by any financial or personal interests.

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