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COMMUNITY-LED HEALTH PLANNING MODEL FOR VILLAGE HEALTH TEAM :A CASE STUDY IN INDONESIA

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ABSTRACT

Background: An effective health planning is a root of success to cope with public health problems in the village. Communities in the village have resources to solve the problem. However, they do not have the skill to cope with their problem. This qualitative study is to analyze the process of community-led health program planning.

Methods: This qualitative method using Participatory Rural Appraisal Approach which recruited village communities and government from April to August 2016 in Lambusa and Lebojaya Villages, Konda Sub-district in Southeast Sulawesi Province, Indonesia. Data analysis used interpretive analysis.

Results: This study found that there were several steps to empower village communities to develop village health planning. Firstly, socialization about the process and establishing a Village Facilitator Team. Then, The VFT was be trained to increase their knowledge and skill about the village health program planning. The final step is a community meeting to identify the causes of illness and death and developing the village health program for dealing with the causes.

Conclusion: community-led health planning process can be implemented in the village to increase the quality of the village health program, especially in the remote or village areas.

Keywords : Community, Planning, Health, Village



INTRODUCTION

Health planning is a part of health program management which has an important role to develop a health policy(1). The planning needs data and facts which are accurate and valid, so the health program can cope with health issues. As reported by the Indonesian Health Ministry (2) Indonesia faces health development challenges such as high health status disparities between economic social level within regions. Another challenge is the double burden of diseases between communicable and non-communicable diseases. For example, communicable diseases such as Lung Tuberculosis, Malaria, Diarrhoea, Acute Respiratory Infection, and Avian Flu increase. The non-communicable diseases also increase such as diabetes mellitus, stroke, hypertension, and cancer (2).

Konda sub-district is part of the South Konawe District in Southeast Sulawesi Province, Indonesia where the health department had public health issues. For example, the numbers of the infant mortality rate was the highest than other sub-district in South Konawe District in 2016, namely 8 babies death per 1000 life birth compared to 1 baby death in Lainea and Atari Jaya Sub-districts (3). Based on the Health Department of South Konawe's report, the highest infant mortality rate in Konda was caused by Tetanus Neonatorum, low birth weight, and nutrition deficiency during pregnancy (3). Besides that, the number of under-five years olds deaths was also higher in Konda in 2016, namely 8 per 1000 life birth compared to 3.4 per 1000 life birth of Palangga Sub-district. This was because of pneumonia, diarrhea, and dengue hemorrhagic fever. For example, the prevalence of diarrhea which could be treated was 13 % in Konda Sub-district, compared to 68% of West Ranomeeto Sub-district in 2016.

The condition shows that the health development program has not been effective to deal with public health issues in Konda Sub-district. As we have known a community is not an object of the health

development program, but they are a subject of the health development process in their area. For example, the community can identify their own health problems. They can also solve their health issues because they have resources. However, some of them, especially in the villages, do not have the skill to identify, synthesize, and develop health planning based on the evidence in their area. Therefore, this study investigates the model of community-led health planning process to increase village communities' health status in Konda Sub-district of South Konawe District, Indonesia.

METHOD

This qualitative study used a Participatory Rural Appraisal Approach (PRA) to understand the model of the community-led health planning process. This approach had been used to increase poor communities and women's participant to involve in the village development program in Southeast Sulawesi, South Sulawesi, Bali, and West Nusa Tenggara since 2002 (4). This case study was conducted in 2 villages in Konda Sub-district of South Konawe District, namely Lebojaya and Lambusa Villages from April 20, 2016, to August 11, 2016. This study recruited several of the staff members in the Village government, Village and sub-village women organizations, and village leaders. This study used several steps to identify the model of community-led Health Planning process, such as socialization, training, and community meetings in the villages. The data were analyzed with the use of interpretative analysis.

RESULT

This qualitative study found important aspects and steps during the village community-led Health planning process. The steps include establishing the village facilitator team (VFT), training for the VFT, identification of the general village condition, identification of the specific causes of illness and death, and development

of the activities of solving the illness and death causes. The final step is developing the village health programs which divided into goals, outcomes, and activities (as illustrated in figure 1).

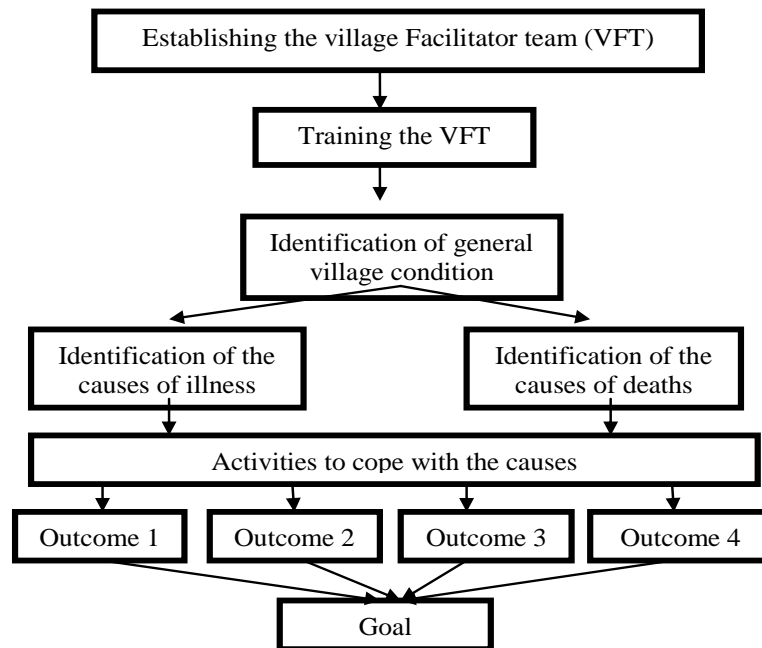


Figure 1. The steps to develop the Community-led Health Program Planning

1. Establishing Village Facilitator Team (VFT)

This step needed several processes including socialization the objective of this study. During the socialization, identification of people who were appropriate to be the VFT members. This activity was conducted through an agreement between the people who attain the socialization activity. This step finally agreed to select 12-15 people in the VFT which consisted of village government, village and sub-village women organization members, village community leaders, village young organization members, and representation of Konda Primary Health Care Services. Therefore, the numbers of the VFT member of Lebojaya village were 15 people and 12 people in Lambusa Village.

2. Training for the Village Facilitator Team's members

This training aimed to increase the VFT's knowledge and skill to develop the village health program. The training was conducted for 3 days and involved health professionals from Konda Primary Health Care Services as trainers. To achieve the aim of this training, so the course included some knowledge, such as arrangement wellbeing criteria of households based on the socio-economic status; mapping the household based on the wellbeing criteria; identification about the causes of communities' illness and death; and arrangement the village health programs for the next year (as illustrated in figure 2 and 3).

Arrangement of the criteria of the household wellbeing was used to map for each sub-village. The criteria included 3 levels of the socio-economic status, namely rich, medium, and poor. The socio-economic status criteria included house construction, the ownership for

clean and safe water, sanitary latrine, drainage, and accessibility to schools, health centers, and markets. The participants were divided into each sub-village to map the household socio-economic status, so they were easy to identify for each household.

The participants also were facilitated to identify causes of illness and deaths. Based on those cases, the participants were facilitated to think about the solution or activities which could solve those problems. Then, all of the activities were grouped into specific programs. In the final activity, they thought about the goal of the village health program. This was based on the specific programs which were agreed upon by all participants. At the end of the training was the matrix of the village health programs for the next year. However, the matrix still needed to be further fixed for the next step.

3. The Village Health Programs

After training, the VFT needed to fix the matrix about the village health programs. They conducted a meeting between them and the village government to fix it and arrange operational programs, budgeting and monitoring, and evaluation programs. This study found there was a similarity in the village health programs between Lebojaya and Lambusa Villages (Figures 1 and 2).

The similar activities included increasing the community's health knowledge, improving the environmental health facilities, and increase poor families' income. Those three main aspects became the next one-year health program because some of the areas in Lebojaya and Lambusa are countryside and about 40.5% of families were poor in Lambusa and 53.4% in Lebojaya. Therefore, some of the countryside communities cannot build sanitary latrines and drainages. The main livelihood of the communities in both Lebojaya and

Lambusa Village are farmers and home industrialist at the small level.



TUJUAN	KEGIATAN	WAKTU	PENYALINGAN	SUMBER DANA
Meningkatkan pengetahuan masyarakat tentang kesehatan	Pengajian tentang kesehatan • Jarak 2 kali • pertemuan bulanan dan pertemuan bulanan dengan (20 orang) • pertemuan bulanan yang melibatkan masyarakat setempat	12 bulan	• Korpri • 20 Masyarakat, 2 PTA	• Puskesmas • Desa • Masyarakat
Peningkatan akses air minum	• Menyiapkan alat pemurni air • Menyiapkan alat pemurni air • Menyiapkan alat pemurni air	12 bulan	• 1000 Rp • 1000 Rp • 1000 Rp	• Dana Desa (Pusat) • Dana Desa (Desa) • Dana Desa (Desa)
Meningkatkan akses air minum	• Menyiapkan alat pemurni air • Menyiapkan alat pemurni air • Menyiapkan alat pemurni air	12 bulan	• 1000 Rp • 1000 Rp • 1000 Rp	• Dana Desa (Pusat) • Dana Desa (Desa) • Dana Desa (Desa)
Meningkatkan akses air minum	• Menyiapkan alat pemurni air • Menyiapkan alat pemurni air • Menyiapkan alat pemurni air	12 bulan	• 1000 Rp • 1000 Rp • 1000 Rp	• Dana Desa (Pusat) • Dana Desa (Desa) • Dana Desa (Desa)

Figure 2. Lambusa Village Health Program Planning in 2017 – 2018



TUJUAN	KEGIATAN	WAKTU	PENYALINGAN	SUMBER DANA
Meningkatkan pengetahuan masyarakat tentang kesehatan	Pengajian tentang kesehatan • Jarak 2 kali • pertemuan bulanan dan pertemuan bulanan dengan (20 orang) • pertemuan bulanan yang melibatkan masyarakat setempat	12 bulan	• Korpri • 20 Masyarakat, 2 PTA	• Puskesmas • Desa • Masyarakat
Peningkatan akses air minum	• Menyiapkan alat pemurni air • Menyiapkan alat pemurni air • Menyiapkan alat pemurni air	12 bulan	• 1000 Rp • 1000 Rp • 1000 Rp	• Dana Desa (Pusat) • Dana Desa (Desa) • Dana Desa (Desa)
Meningkatkan akses air minum	• Menyiapkan alat pemurni air • Menyiapkan alat pemurni air • Menyiapkan alat pemurni air	12 bulan	• 1000 Rp • 1000 Rp • 1000 Rp	• Dana Desa (Pusat) • Dana Desa (Desa) • Dana Desa (Desa)
Meningkatkan akses air minum	• Menyiapkan alat pemurni air • Menyiapkan alat pemurni air • Menyiapkan alat pemurni air	12 bulan	• 1000 Rp • 1000 Rp • 1000 Rp	• Dana Desa (Pusat) • Dana Desa (Desa) • Dana Desa (Desa)

Figure 3. Lebojaya Village Health Program Planning in 2017 - 2018

DISCUSSION

This study has suggested that the Community-led health program planning in the village can be implemented effectively to develop effective health programs. Principally, application of the steps of the Community-led health program planning should be acceptable for other villages in Indonesia because those have been familiar activities in Indonesia, such as socialization and training. Generally, the aim of socialization activity is to give understanding about particular objectives, ideologies, norms, or customs for communities before they decide to participate in social activity (5). There will be an interaction between communities during the socialization process. Interaction between participants can pursue communities' intention to involve in the next process. Therefore, during the socialization process, the facilitator needs to



create a good atmosphere for all participants and present detail process which they will do. Each participant must be introduced to each other through the ice-breaking session at the beginning process. This could create a good atmosphere for participants and could build solid teamwork because at the end of the socialization process will be established Village Facilitator Team (VFT).

The VFT becomes a representative of the village communities who will organize the village health program planning. Therefore, the VFT must be selected from all levels of village communities. This study has found the composition of the VFT, namely from the village government, village, and sub-village women organization members, village community leaders, village young organization members, and representation of Konda Primary Health Care Services. As we know that appropriate teams can produce ideas that can overcome the issues, for example, health issues (6). This study also found that 12-15 people in the team become effective. These team numbers include in the small team. The small size in the team can be easy to collaborate with the team members. Effective collaboration becomes the prior aspect to accomplish all development activities in the village health program planning (7). High motivation also can be resulted from an effective team (8). The characteristics of the team members including the average age and education are also significant in terms of personal high mobilization. The team members' high Mobilization becomes an important prerequisite to be successful in social activity. As suggested in Tasnim and Lusida's study (9), communities who were active had higher mobilization, and motivation in the social activities in the villages was under-45 years old. They also passed from Senior High School (9). People who had rest times will be preferable such as widow, single or mothers who have no more than two children

The village facilitator team must be trained because they will be a leader in all

processes of the village health program planning. The training participants are introduced with the participatory rural approach, in which the participants involved actively in all of the training processes. Involvement the participants in the training was started from making the wellbeing criteria of the household's socioeconomic status, mapping the households, identification of illness and death causes, thinking about the solution, and making a decision about the village health programs. The participatory rural approach is an easy method for participants who have low education, but they have had huge social activity experiences in their village. Even though the participants had under an educational level, but this process can create sustainability for village development (10). The PRA method can give balanced benefits between information that is gotten, time, cost, and truth (10). Hence, the training can be adopted by other villages to develop village health programs. In terms of price is cheaper because the training can be done in the village government building. However, its result can be valid and sustainable. Implementation of the village health programs can be done by the village communities because they have planned their own programs based on their health problems and the potential to solve those problems.

CONCLUSION

Village communities in Lebojaya and Lambusa villages can prove that they can plan their own health programs. The results also can be valid because the information comes from their own village. They understand clearly what is happened timely regarding illness or death in their village. Each process can be learned positively, namely started from socialization, establishing the village facilitator team, training, and community's meetings. All of the processes of the community-led health program planning can be done easily by the village communities. This is clear that the



model can be applied by other villages to plan their health programs. Health practitioners in the Health Department at the district level and in Primary Health Care Service must motivate and facilitate the village government to implement the programs which they have made.

CONFLICT OF INTEREST

There is no conflict of interest to disclose.

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