Community-Led Health Planning Process In The Village: A Case Study In Villages In Southeast Sulawesi, Indonesia

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ABSTRACT

An effective health planning is a root of success to cope with public health problems in the village. The prevalence of communicable diseases (ie. TBC) and non communicable diseases (ie. diabetes mellitus) remain high, including in Lambusa and Lebojaya Villages in Konda Sub-district in South Konawe District of Southeast Sulawesi Province. Communities in the village are the front people who can understand their health problem and identify the resources which they have to solve their problems. However, some of communities in the villages cannot understand how to do that. However, an effective process to facilitate the communities to develop health planning has not been understood clearly. Therefore, the aim of this case study was to analyse the process to develop a village health planning which was led by communities.

This study has observed the process from 20th April 2016 to 11th August 2016 in Lambusa and Lebojaya Villages, in Konda Sub-district of South Konawe District in Southeast Sulawesi Province, Indonesia. The results showed that there were several steps to empower village communities to develop village health planning. Firstly, we must socialize the village health planning program which explained the background of this program and establish a Village Facilitator Team (VFT). The VFT's members must contain 12-15 people, including a secretary of village government, a head of village community development, members of village women organization in each sub-village, and a head of each sub-village.

The VFT was then trained for 3 days to increase their knowledge and skill about developing the village health program planning. The training materials included identification of the category of wellbeing level and mapping, households having water and sanitation facilities, the causes of community's illness and deaths, activities to solve the causes, the outcomes which would be reached for next 1 year, and the goal of the village health programs.

Keywords: Community-led health planning, Health program, Village Facilitator Team, Southeast Sulawesi
A. INTRODUCTION

Health planning is a part of health program management which has an important role to develop a health policy (Fretheim, Munabi-Babigumira, Oxman, Lavis, & Lewin, 2009). The planning needs data and facts which are accurate and valid, so the health program can cope with health issues. As reported by Indonesian Health Ministry (2011), Indonesia faces health development challenges such as high health status disparities between economic social level within regions. Other challenge is double burden of diseases between communicable and non-communicable diseases. For example, the communicable diseases such as Lungs Tuberculosis, malaria, diarrhoea, acute respiratory infection and Avian flu have not been solved. The non-communicable diseases increase such as diabetes mellitus, stroke, hypertension and cancer.

Konda sub-district is part of Southeast Sulawesi Province where has health development challenges because this government has just been established in 2003. For example, the numbers of infant mortality increased from 59 per 1000 life births in 2010 to 167 per 1000 life births in 2011 (Health Department of South Konawe District, 2014). This number was also higher than other districts such as 17 per 1000 life births of North Konawe, 55 per 1000 life births of Nort Kolaka and 56 per 1000 life births of Bau-Bau city. Based on Health Department of South Konawe's report, the highest infant mortality rate was caused by Tetanus Neonatorum, low birth weight, and nutrition deficiency during pregnancy (Health Department of South Konawe District, 2014). Beside that, the numbers of under five years old's deaths increased from 78 per life births in 2010 to 176 per 1000 life births in 2011. Compared to other districts, this numbers were the highest, such as 19 per 1000 per life births of North Konawe and 60 per life births of North Buton. This was because of pneumonia, diarrhoea, and dengue haemorragic fever. For example, the prevalence of pneumonia was 73.9 %, compared to 72.1 % of the average of Konawe district in (Health Department of South Konawe District, 2014). Furthermore, some of people in Konda sub-district leaved in unsanitary housing environment. For example, 96.8% of people lived impermanent building and about 49.9% households who had access to safe drinking water facilities (Statistic Central Agency of Southeast Sulawesi, 2013).

That condition shows that health development program has not been effective to solve the public health issues in Konda sub-district. A community is not an object of health development, but they are a subject of health development process in their area. They can indentify their health problems themselves. They have also potency to solve their health
issues. However, some of them especially in the villages do not have skill to identify, synthesize, and develop a health planning based on the evidences in their area. Therefore, increase their knowledge and skill to develop health program planning based on the evidences is necessary for staff of village government, community leaders, and communities in Konda sub-district, especially in Lebojaya and Lambusa villages.

B. THE AIM AND THE OBJECTIVES
1. The Aim of this case study:
   to develop a village health program planning which is led by village community in Lebojaya and Lambusa Villages in Konda Sub-district, Southeast Sulawesi Province.
2. The objectives of this case study:
   a. To establish a Village Facilitator Team (VFT) who facilitates a community-led health planning process.
   b. to increase VFT's knowledge and skill to facilitate a community-led health planning development in the village.
   c. To develop a village health program for the next one year.

C. METHOD
This case study used A community-led Health Planning Process (CHEPP) approach which was adopted from a Participatory Rural Appraisal (PRA) approach. This approach had been used to increase poor communities and women's participant to involve in village development program in Southeast Sulawesi, South Sulawesi, Bali and West Nusa Tenggara since 2002 (Oka et al., 2005). This case study was conducted in 2 villages in Konda Sub-district namely Lebojaya and Lambusa Villages. There were several steps to develop the village health program planning namely socialization, establishing VFTs, training for VFTs and develop the village health program planning.

1. Sosialization the CHEPP
This activity aimed to increase community's understanding about the process including method, time and participants. At the end of socialization meeting was to establish the Village Facilitator Team (VFT). The socialization meeting was conducted in Lebojaya village in 25th April 2016 and in Lambusa village in 28th April 2016. This meeting invited heads of Konda sub-district governments, community health centre, community leaders, and women organizations.
2. **Establishing a Village Facilitator Team (VFT)**

The VFT had an important role namely to facilitate communities during development village health program planning. The VFT consisted of head and staff of village government, community leaders, and women organization. The selection of the team members was based on gender and representation of sub-villages.

3. **Training for a Village Facilitator Team (VFT)**

The training aimed to increase VFT members' knowledge and skill about the process of development the village health program planning. This training was conducted for 3 days in Lebojaya Village from 26th May 2016 to 28th May 2016. The participants of this training includes the VFT's members from Lebojaya and Lambusa villages. This training used a learning and action approach to increase knowledge and skill the VFT's members.

4. **Development the village health program planning**

This process aimed to develop the village health program planning for 1 year, including the goal, the objectives and the activities. This activity was started with identification of general village condition, analysis of the causes of illness and deaths, analysis the achievement and activities. The village health program planning included sustainable health planning, operational planning, monitoring and evaluation planning, budgeting, and indicator of the achievement in the matrix form.

D. **RESULTS**

This case study was conducted from 20th April 2016 to 11st August 2016 in Lebojaya and Lambusa Villages in Konda Sub-district of Southeast Sulawesi Province, Indonesia. There were several steps to empower the village community to develop the village health program planning in those villages. The steps are illustrated in the figure 1.

Development the village health program planning was facilitated by the Village Facilitator Team (VFT) who has been trained about the process of development the health program planning. Thus, each village had the VFT, whereas the numbers of VFT's member of each village was difference, namely 15 people in Lebojaya village and 12 people in Lambusa Village. The VFT's members were representation from a head and staff of village government, a head of village community development unit, staff of Konda Health Centre, village woman organization, a head of each sub-village, and community leaders.
The village health programs which were developed was slightly difference between Lebojaya and Lambusa Villages. The difference between the two village was on development the elderly people health service in Lambusa Village (Table 1 and 2). Other programs between Lebojaya and Lambusa were similar, namely about increase community's health knowledge, increase environmental health facilities, and increase poor families' income (Table 1 and 2).

Figure 1. The steps to develop the Community-led Health Program Planning
### TABEL 1. MATRIX ABOUT VILLAGE HEALTH PROGRAM PLANNING IN LEBOJAYA VILLAGE IN THE PERIOD OF 2016-2017

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcomes</th>
<th>Activities</th>
<th>Time</th>
<th>Responsible person</th>
<th>Budget (IDR)</th>
<th>Monitoring &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase community's wellbeing in Lebojaya village</td>
<td>Increase community's knowledge about the importance of health for communities in Lebojaya village</td>
<td>Health promotion</td>
<td>4 times/year</td>
<td>Village Facilitator Team (VFT)</td>
<td>14,000,000</td>
<td>VFT</td>
</tr>
<tr>
<td></td>
<td>Increase environmental health facilities in Lebojaya village</td>
<td>Provisions garbage place, latrine, and household's drainage</td>
<td>12 months</td>
<td>VFT</td>
<td>224,000,000</td>
<td>VFT</td>
</tr>
<tr>
<td></td>
<td>Increase physical health for communities in Lebojaya village</td>
<td>Gymnastic for communities in Lebojaya village</td>
<td>once a week</td>
<td>VFT</td>
<td>24,000,000</td>
<td>VFT</td>
</tr>
<tr>
<td></td>
<td>Increase poor family's income</td>
<td>Plantation business</td>
<td>12 months</td>
<td>VFT</td>
<td>25,000,000</td>
<td>VFT</td>
</tr>
</tbody>
</table>

### TABEL 2. MATRIX ABOUT VILLAGE HEALTH PROGRAM PLANNING IN LAMBUSA VILLAGE IN THE PERIOD OF 2016-2017

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcomes</th>
<th>Activities</th>
<th>Time</th>
<th>Responsible person</th>
<th>Budget (IDR)</th>
<th>Monitoring &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase community's health and wellbeing in Lambusa village</td>
<td>Increase community's knowledge about health in lambusa village</td>
<td>Health promotion about:  - cigarette risk  - masker usage  - Balanced nutrition  - hazard food  - Iodized salt usage</td>
<td>every 18th a month</td>
<td>Village leader  Village community leader  Konda health centre  staff of village government</td>
<td>Adjusta ble</td>
<td>Village Facilitator Team (VFT)</td>
</tr>
<tr>
<td></td>
<td>Increase environmental health facilities</td>
<td>Build family's latrine  Build household drainage  Research about management of tofu and tempe's waste</td>
<td>Adjustable</td>
<td>Same above</td>
<td>Adjusta ble</td>
<td>VFT</td>
</tr>
<tr>
<td></td>
<td>Provide elderly people's health service</td>
<td>Health check-up gymnastic  Establish community's health assurance</td>
<td>every month</td>
<td>Same above</td>
<td>Adjusta ble</td>
<td>VFT</td>
</tr>
<tr>
<td></td>
<td>Increase poor family's income</td>
<td>Establish farmer's group  establish small scale bussiness</td>
<td>every year</td>
<td>Same above</td>
<td>Adjusta ble</td>
<td>VFT</td>
</tr>
</tbody>
</table>
E. DISCUSSIONS

1. Agreement and Establishing Village Facilitator Team

Agreement for the development of the village health program planning could be reached in the socialization meeting. This happened when participants or communities had high awareness to solve health issues in their village. Also, they became aware about their potency and capacity. Therefore, in the socialization became important to explain about the reasons of development village health program planning. This must be related to the public health issues of Southeast Sulawesi level and South Konawe District level. Other important explanation is about the steps to develop the village health program planning for the next one year. Understanding about the steps could increase preparedness for the VFT. As explained above that at the end of this meeting, the VFT was established.

Relating to the VFT establishment, invitation for some people who represent from each sub-village in the socialization meeting becomes necessary. Enough people from sub-village in the VFT could identify clearly sub-village condition about household's wellbeing, the accessibility for households to health centre, schools, and drinking water facilities. Involving a secretary of village government and woman organization become important. They could become resource person and responsible person to development the village health program planning. They were very active and became motivator for other VFT's members. Also, involving a representation of Konda Health Centre was important because they could help the VFT to inform community health status in Konda Sub-District.

2. Training for VFT's members

This training aimed to increase the VFT's knowledge and skill to facilitate development the health program planning. This training was conducted for 3 days with all of VFT's members from Lebo Jaya (15 people) and Lambusa Villages (12 people). The training needed to invite a head or staff of the community health centre and sub-district government as resource persons beside facilitators. The output of this training was development a matrix about the next one year of village health programs. Therefore, this training used a learning and action method. The facilitators gave explanation and then the participant practiced it.

Increasing the VFT's knowledge and skill was started with development wellbeing criteria of household's socio-economic status. The criteria was used to identify each household on a map. The participant of each sub-village developed a sub-village map with the household's wellbeing level which was based on the criteria. The sub-village map could
be easy for the participants to identify the level of household's wellbeing. The map also became a basic to identify accessibility of the household to schools, health centres, markets, safe drinking water facilities and the ownership to a sanitary latrine and a drainage.

The next knowledge and skill was about identification about the causes of communities' illness and death. Based on the causes of those, the participants developed alternative solution or activities to cope with those problems. Then, all of activities were grouped. Each group of them was named as an outcome of the village program. Therefore, there would be several outcomes. In this case, there were 4 outcomes of each village, Lebojaya and Lambusa Villages. From 4 outcomes were decided about the goal of the village health program. Thus, at the end of this training, each village has had a matrix about the village health program for the next one year. However, the matrix still needed to be further developed because it was a draft.

3. The Village Health Program Planning

After training, the VFT needs to detail the health program planning which has been developed during VFT's training. The additional work included development sustainable health planning, operational planning, monitoring and evaluation planning, budgeting, and indicators of the achievement of the village health program. The VFT needed to invite some communities from each sub-village to develop those planning. This work needed around a week. After this work finished, the results were typed and documented. The final work, the VFT presented the village health programs to the communities.

Generally, the health programs in two villages are similar. As explained above the similar activities are 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 areas in Lebojaya and Lambusa are countrysides and about 40.5% families were poor in Lambusa and 53.4% in Lebojaya. Therefore, some of countryside communities cannot build sanitary latrines and drainages. Although, health promotion is done during Integrated health services in the village every month, some of communities still have low health knowledge. There are several factors for that. Firstly, some of communities are farmers and busy so they do not attend the Integrated health services which provide health education.
F. CONCLUSION

The health program planning is important to cope with the public health issues in the village. Development of the village health program planning is easy through several steps. Firstly, identification of the level of household’s well being based on criteria which have been decided before by the village communities. The criteri are used to development a map. The map shows the household's wellbeing status, accessibility to public facilities such as school, health centre, safe drinking water and the availability of sanitary facilities in each household (i.e. family latrine and drainage). The next step is identification of the causes of community's sickness and death. Based on that, the VFT develops activities as alternative solutions for the causes and decide about the output and the goal of the village health program.

This work is done by the Village Facilitator Team (VFT) who is established during socialization the program to the communities. The VFT's member is representation from sub-villages, village woman organization, community leaders and village government staff.

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