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Analysis of independent active alert village in tridadi village, Sleman, D.I. Yogyakarta province

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ABSTRACT

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Background : Active Alert Village Program has been started since 2006. The program was revitalized in order to accelerate the achievement of the Active Alert village in 2015. Its legal basis is the Decree of the Minister of Health No. 1529/Menkes/SK/X /2010 on General Guidelines for Development of Active Alert Villages. A study to evaluate this activity is needed.

Objective : To determine the implementation and development of independent Active Alert Village in Tridadi Village, Sleman, DI Yogyakarta.

Methods : This study was a descriptive study using case study design with qualitative analysis. Informants were determined by purposive method. Data collection was done using triangulation, which included non-participatory observation, in depth interview, as well as data and documentation of the alert village.

Results : The implementation of active alert village in Tridadi had reached the stage of independence, where eight indicators of active alert village criterias had been met. This is due to the active participation of the village government, health cadres, social organizations, community leaders, and especially local residents themselves.

Conclusion : Active alert village program in Tridadi has been implemented independently.

Latar belakang: Program desa siaga aktif sesungguhnya sudah dimulai pada tahun 2006 dengan nama Desa Siaga. Kemudian program ini direvitalisasi guna akselerasi pencapaian target desa siaga aktif pada tahun 2015. Landasan hukumnya Keputusan Menteri Kesehatan No 1529/Menkes/SK/X/2010 tentang Pedoman Umum Pengembangan Desa dan Kelurahan Siaga Aktif. Evaluasi terhadap kegiatan ini perlu dilakukan.

Tujuan: Tujuan penelitian untuk mengetahui pelaksanaan dan pengembangan desa siaga aktif mandiri di desa Tridadi, Kecamatan Sleman, Kabupaten Sleman, Propinsi D.I. Yogyakarta.

Metode: Penelitian ini adalah penelitian deskriptif menggunakan rancangan penelitian studi kasus dengan analisis kualitatif. Subyek yang diteliti adalah pengurus desa siaga aktif dengan obyek penelitian adalah pengembangan dan pelaksanaan program desa siaga aktif. Narasumber ditentukan dengan metode purposive dan snowball effect jika diperlukan. Pengumpulan data dengan cara triangulasi yaitu observasi non partisipatif, wawancara mendalam, dan dokumentasi data-data desa siaga.

Hasil: Pelaksanaan desa siaga aktif di Desa Tridadi telah mencapai tahapan mandiri, dimana delapan indikator pencapaian untuk kriteria desa siaga aktif sudah dipenuhi. Ini tidak terlepas dari partisipasi aktif pemerintah desa, kader-kader kesehatan, organisasi kemasyarakatan, tokoh masyarakat dan terutama

masyarakat desa itu sendiri.

Kesimpulan: Program desa siaga aktif di Desa Tridadi telah dilaksanakan hingga tahapan mandiri.

INTRODUCTION

Health development is a crucial investment for the enhancement of human resources quality in order to accelerate national growth. Basic health care is the main focus of effort in Indonesian health sector in order to achieve Millenium Development Goal's (MDG's) 2015. Five of eight goals are directly related to health sector, which include the eradication of extreme poverty and hunger; reduce mortality (combat HIV/AIDS, malaria, and other diseases), improve maternal health, and ensure environmental sustainability.¹

Presidential decree No. 5 year 2010 had established a National Medium-Long Term Developmental Plan (Rencana Pembangunan Jangka Panjang Menengah Nasional /RPJMN) 2010-2014, where health development was part of health resource development. Goals to be achieved by health development include : 1) Increased life expectancy from 70,6 years old to 72,0 years old, 2) decreased infant mortality rate from 34 to 24 per 1000 live births, 3) decreased maternal mortality rate from 228 to 118 per 100.000 live births, 4) decrease malnutrition prevalence in toddler from 18,4% to less than 15%.²

Indonesian Ministry of Health (Kemenkes RI) had determined the vision of health development in 2010-2014 as "healthy community who is independent and fair," and the missions include: 1) Improve public health through community empowerment in private and civil society; 2) protect public health by ensuring the availability of a plenary, equitable, excellent, and equal health efforts; 3) ensure the availability and equitability of health resources; 4) creating good governance.

In order to achieve the visions and missions above, Indonesian Ministry of Health has done a model-based activity which enhance the proactive and alert participation of society in village level, called alert village (desa siaga). Alert village has been developed since 2006 based on the Decree of the Minister of Health No. 1529/Menkes/SK/X/2010 on General Guidelines

for Development of Active Alert Villages. The presence of active alert village has been one of the indicator in health service standard of a district or city.³ The main program in active alert village include basic health care for pregnancy, lactation, pediatry, as well as active case findings and treatment trthrough UKBM/Upaya Kesehatan Bersumberdaya Masyarakat (Community-based health efforts) & surveillance, health emergency & disaster management, environmental health, and education of PHBS/Prilaku Hidup Bersih dan Sehat (Clean and healthy living behavior).

During 2011, the acceleration of active alert village has been done in 40 villages. This was done to promote the existing alert villages into active alert villages, as instructed in Health Ministry Decree (Kepmenkes) 1529 year 2010 in the form of facillitation and technical guidance regarding the activity of alert village, as well as data documentation and report in the village levels.⁴ Nevertheless, there are currently 75.410 villages where the program is not running optimally, while the target of active alert village program was expected to be 80% in 2015. Thus, evaluation and assessment of this program is needed.

Evaluation can mainly be implemented at the village levels as executor even in regional autonomy system. The success of village development cannot be separated from the vital role of government, other parties such as community organizations, economic investors, and other stakeholders.¹ This study intends to determine the implementation and development of Independent Active Alert Village in Tridadi village, Sleman, DI Yogyakarta.

METHODS

This study was an explorative descriptive study using case study design. The implementation of active alert villages in Tridadi focused on the disclosure of phenomenon or important issues, especially regarding the program. The subjects in this study were health promotion staff of Departement of Health, health cadres, community health center (Puskesmas) staffs, midwives, village's chief, and village officials, amounted to a total of 9 people. The

object of this study was the implementation and development of Active Alert Village program. Informants were determined using purposive method, who had been chosen based on their role and function in the development of Active Alert Village in Tridadi.

Data analysis was conducted by data selection, centralization, simplification, abstraction and transformation of raw data found in the field. The next stage was the presentation of data which presents all data that has been analyzed in narrative form. The final stage is to draw conclusions by looking for the meaning of events and patterns as a result to build a proposition.

RESULTS

Active Alert Village Implementation

The result of this study showed that the people of Tridadi village can easily access basic health care facility. Thus, the concept of Active Alert Village focused more into case reports and preventions. This was supported by the result of our observation on the existence of basic health care facility that were available in the village. This was also in line with the result of our interview about Active Alert Village concept with one of interviewees, who quote :

"The main focus is reports.. Only reports and not treatment" (NR4)

Based on the result of our interview, it was known that Tridadi has been developed onto Alert village since 2007. And then it was upgraded into Active Alert village in 2011, and into Independent level in 2013. As revealed by our interviewees who quote :

"... from alert to active alert, after two years we achieved active alert. So, since 2011 we already active alert, and in 2013, independent (village)" (NR3)

Findings from observation as well as the documentation of Health Department (Dinkes) and Public Health Center (Puskesmas) showed that the progress of active alert village in Tridadi

occured gradually.¹ Tridadi was found to be the only Independent active alert village in Sleman district. As said by our interviewees regarding the implementation of alert village in Tridadi :

" Tridadi is the only independent active alert village within the existing 86 villages in Sleman district." (NR1)

In addition to that, the status of Tridadi as Independent active alert village has also been nationally recognized by the Ministry of Health (Kemenkes) and Tridadi was appointed as the best Active alert village in Indonesia.

Originally, the socialization of Active alert village was done to the village board. And was continued to the people through village meeting, neighbourhood meeting, and direct counseling to the community. As disclosed by our informant :

"... in the Integrative Health Post (Posyandu), it was socialized by health cadres, as well as the neighborhood and the parents who come to Posyandu. Also informed to the village head and neighborhood chief." (NR8)

The implementation of Active alert village was also supported by the policy of Sleman Health Department (Dinkes), Sleman Public Health Center (Puskesmas), and the village government. As disclosed by our informant :

"In relation to policy, we were following the government, the village..." (NR6)

Related parties who were involved in the development of Tridadi Active alert village include Public Health Center (Puskesmas), Tridadi village's chief and subordinates, the village midwives and health cadres, social organizations, community leaders, and especially the local residents themselves. This is consistent with the expression of our important informant :

" ... those who were involved include the village government, social organizations, midwives, and community leaders..." (NR1)

The benefit of Active alert village showed the development of Active alert village in Tridadi has caused improvement of community health independently, treatment of health emergency through UKBM/Community-based health efforts, as well as increasing the community cooperativeness.

Supporting and Inhibitory Factors of Tridadi Alert Village

The main supporting factors for the implementation of Tridadi Active alert village were the active role of its health cadres and the community positive attitude toward the program. As told by our informant :

"Due to the support from our government, and mainly the positive attitude from our people, as well as active role of our health cadre ..." (NR8)

Based on the result of our interview and our observations, the obstructed regeneration of health cadres, a few apathetic local people, the board hectic schedule, and non functioning Village Health Post (Poskesdes), were the inhibitory factor of Tridadi Active alert village implementation. This was in line with our interview regarding the evaluation of Active alert village implementation:

"If we have young health cadres whose function is to support the field work, and on the 28th of every month, we do monthly evaluation..." (NR7)

Achievement Indicators of Active Alert Village

Based on the result of our interview and observation, it was known that Tridadi village meeting was done on the 28th of every month. This meeting was done to assess the development of Active alert village implementation, which act as monitoring and evaluation. As revealed by our informants :

"So on the 28th of every month, we round up all the Family Planning (KB) cadres and health cadres, to discuss the existing program and obstacles..." (NR7)

Based on the result of our interview and observation, it was known that Tridadi village had 35-40 active cadres, which was quite effective to support various existing programs. As told by our informants :

"In seventeen subvillages, more or less 35 cadres" (NR4)

In regard to basic health care, it was known that the accesibility of basic health care facility in Tridadi could easily be accessed by local residents. It was supported by the amount of existing health facilities such as : hospitals, public health centers (Puskesmas), community health sub-centers (Pustu), clinics, as well as private practice of doctors and midwives. As told by our informant :

"... health facilities here are easily accessible. Every subdistrict or village has a lot health facilities..." (NR1)

Posyandu was done at the second week of every month. While another UKBM/Community-based health efforts in Tridadi was implemented routinely, like Geriatric health care, blood bank, village ambulance, and the family herbal medicine program (TOGA/Tanaman obat keluarga). As well as eradication of mosquito breeding program, utilization of communal-waste pipe line, larvae monitoring by children/tanggap bocah program, waste management, and clean Friday program. As told by our informant :

"... Seventeen Posyandu on the second week of every month" (NR6)

"We have a lot, like geriatry, Tanggap bocah, Posyandu, blood bank, village ambulance, TOGA, etc..." (NR4)

Financial support was gained from the village government, Puskesmas, and various private sectors. As told by our informant:

"We received financial support from the village budgets" (NR5)

The participation and active role of Tridadi's local resident was already good enough. And in addition to that, there were several community organizations that also took part in the implementation of Active alert village in Tridadi; such as : PKK/Pemberdayaan dan Kesejahteraan Keluarga (Empowerment and family welfare), Karang Taruna (Youth organization), Badan Permusyawaratan Desa/BPD (Village consil), and Lembaga Pemberdayaan Masyarakat Desa/ LPMD (Villagers empowerment organization). As told by our informant:

"The villagers participation are very good,"
(NR4)

"Within the village we have community leaders. Neighborhood leader, LPMD, PKK and Karangtaruna" (NR7)

The policy from village chief or city mayor provide legal protection in the implementation of Active alert village activities. As told by our informant :

"We have direct orders from city mayor. From city mayor to villlage chief, and then to us" (NR4)

Based on the result of our interview and observation regarding PHBS, it was known that within the 10 indicators of healthy behaviors, there were two behaviors that was hard to implement by Tridadi villagers, which were: cigarette smoking and waste management. As told by our informant :

"From those 10 indicators.. cigarette smoking and garbage management was very hard to implement" (NR6)

DISCUSSION

Active Alert Village Implementation

The concept of Active alert village was conducted in order to improve health standard through prevention and case report. This had been implemented by Tridadi's active alert village government. Since the start of the program in 2007, the village had strive to

continually improve and evolve until finally this village have become independent in 2013. This is in accordance with the guidelines given by the Indonesian Ministry of Health (Kemenkes RI) on the development of Active alert village program.¹

The socialization of Active alert village program was done by the program manager through various community meetings in order to increase the community knowledge and understanding about the program and health issues.⁵ This was also supported by the existence of policy from the village government, Puskesmas, Sleman health department, and Health ministry decree, which stated the importance of establishing coordinated policy and guidance in the form of legislation about the development of active alert village program.¹ Positive response and support from the local residents can easily be found in Tridadi.

Various UKBM/Community-based health efforts had been done in Tridadi. It was done to improve community health status independently, to improve community cooperativeness, and to enable medical emergency basic treatment. This result was in accordance with another study by Farida, who said that the support from government, health cadres, community leaders, and the local residents themselves were able to increase the plausibility of success of Active alert village program.⁶ Inhibitory factor of the program included : the obstructed regeneration of health cadres, a few apathetic local people, the board hectic schedule, and non functioning Village Health Post (Poskesdes). Evaluation of the program needed to be done continously.⁷

Achievement Indicators of Active Alert Village

The Active alert village management meeting was done routinely every month in Tridadi. This was in line with Kemenkes guideline which suggested that village forums in Active alert village who already reach the Independent stage should be done monthly.¹ This was different from the implementation of Active alert village in Saleati kecamatan Liang kabupaten Banggai Kepulauan where village forum was only done every three month. The inactivity of village

forum might be due to lack of knowledge of the forum members and health cadres about their function and responsibilities in Active alert village program.⁸

Azhar said that the success of Active alert village program could not be separated from the roles of its health cadres who were committed to develop the program.⁹ Tridadi had a lot of health cadres, exceeding the Independent active alert village indicators, which only demand nine cadres per village.¹ Health cadres could become health provider and provide primary health information because they live inside the community.

Health care facilities, like hospitals and Puskesmas, were easily accessible and available 24 hours in Tridadi. This was one of the indicators of the success of Independent active alert village program.¹⁰ Routine Posyandu and other UKBM activities had been done in Tridadi. This was in accordance with the result from another study by Musa, which stated that the success of Active alert village program was determined by the amount of UKBM activities that help overcome various health issues.⁵ Kemenkes stated that Independent active alert village should own Posyandu and at least four other UKBM activities.¹

The role of local residents and community organization functions properly. Tridadi active alert village gains financial support from various resources. Pratiwi stated that the role of local residents and community organizations are vital in order to successfully improve health efforts.¹¹ Kemenkes policy regarding Independent active alert village requires an active role of, at least, two community organizations. Azhar stated that financial support for active alert village is the result of the village community forum, and the support from Health Departement and local governments.⁹ Independent active alert villages are required to have local village government financial support and two other sources of financial support.¹

Tridadi's active alert village policy gave legal protection for the implementation of the program. Village policy should be introduced to local residents, so that they would be able to realize the policies.¹⁰ Kemenkes had also stated that an Independent active alert village

need to have a policy from local government and implement it to support and manage the development of active alert village.¹

Erawati stated that Independent active alert village needs to be able to promote PHBS (Clean and healthy living behavior program) through community meeting and Posyandu.¹² Tridadi has successfully done this, but within 10 PHBS, there are 2 healthy behaviors that are hard to change in the community. Kemenkes stated that an Independent active alert village should achieve at least 70% of PHBS implementation.¹

CONCLUSION

The activity of Active alert village in Tridadi focuses more onto preventive and promotive health efforts through community empowerment. The implementation of Active alert village in Tridadi is started by socialization, determining organizers and work program, and supported by local government policies. Factors that supported this program include the active role of local residents. While the inhibitory factors include the lack of health caders regeneration, a few apathetic local people, the board hectic schedule, and non functioning Village Health Post (Poskesdes). Tridadi's active alert village has entered Independent level, where eight achievement indicators for an Active alert village has been met. The development of active alert village in Tridadi has caused improvement of community health independently, treatment of health emergency through UKBM/Community-based health efforts, as well as increasing the community cooperativeness

FEEDBACK

The development of Independent active alert village program should be improved all over Indonesia. Local residents should actively participate in this program. Government, especially Departement of Health, Puskesmas, and local village government, is hoped to support the development of this program through all communities. Further research with an action-based perspective is needed to help improve the development of this program in other places.

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