

LAGE_PROGRAM_FOR_SUSTAINABILITY_OF_PUBLIC_HEALTH_EMPOWERMENT

by Asmaripa Ainy

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**STAKEHOLDER ANALYSIS OF ACTIVE ALERT VILLAGE PROGRAM
FOR SUSTAINABILITY OF PUBLIC HEALTH EMPOWERMENT
IN OGAN ILIR DISTRICT**

Asmaripa Ainy^{1*}, Iwan Stia Budi²

^{1,2}Lecturer at Faculty of Public Health, Sriwijaya University, Indonesia

*Corresponding author: Asmaripa Ainy

Jl.Raya Palembang-Prabumulih KM. 32, Indralaya-Ogan Ilir, Indonesia

email: asny_plbg@yahoo.com

ABSTRACT

Active alert village program is one of Indonesian government's health promotion efforts involving various stakeholders. The aim of this research was to analyze stakeholders' understanding of active alert village program in Ogan Ilir district. This research used qualitative approach with 29 informants. The results indicated that majority of the stakeholders understand well concerning active alert village in accordance with the guidelines of the Indonesian Ministry of Health but informants from communities as the target of this program did not well understand the program. All stakeholders stated their support in implementing this program because it has positive benefits to understand community health problems. The stakeholders were aware of the importance of cooperation amongs cross-sectoral parties. Stakeholders from local government and health office have the power to mobilize efforts to implement and develop active alert villages due to work authority. Improving good communication and coordination among stakeholders needs to be conducted to create same perceptions.

Keywords: stakeholders, health promotion, active alert village

Introduction

The active alert village program, a health program that has been implemented since 2010, has overcome health problems and contributed to the improvement of community health outcomes. The concept uses community-based health efforts (UKBM) to engage communities and enhance community empowerment. In 2011, the development of alert villages in Ogan Ilir District has not fully utilized UKBM^[1].

The preliminary policy on the implementation of the alert village program was established in 2006^[2]. The policy was then accelerated into active alert village^[3]. Furthermore, Indonesian Ministry of Health targeted that the coverage of active alert villages in 2015 were 80%^[4].

The Health Profile of Ogan Ilir District indicated that in 2014 active alert villages were 76.34% (184 villages from 241 villages) and no village was categorized as independent (Mandiri) category^[5]. Implementation and development of active alert village program in Ogan Ilir district requires strong support of local government. The sustainability of this program is highly dependent on the support of local stakeholders and resource availability,

such as adequate health personnels, facilities, infrastructures and focus on empowering communities. Therefore, a stakeholder analysis needs to be conducted for strengthening program implementation in the future.

Materials and Methods

This was a qualitative research conducted in three subdistricts of Ogan Ilir district including: Indralaya Utara, Sungai Pinang and Tanjung Raja. The informants were stakeholders of active alert village program at the district/subdistricts/villages level. Primary data were collected through in-depth interviews and direct observation. Secondary data on active alert village program were obtained from documents/reports produced by various relevant agencies. A total of 29 informants were selected using purposive methods based on suitability and adequacy of information referring to Indonesian Ministry of Health's general guideline on active alert village program. Data were analyzed using content analysis.

Findings

Characteristics of informants

Table 1. Characteristics of Informants

Representatives of...	Interviewed (n)	Sex (Male/Female)
Facilitator at district level(SA)	1	M
Health office(WP)	1	F
District working group(BR)	1	M
Subdistricts government: Tanjung Raja(MC), Indralaya Utara(YA)	2	M,F
Alert villages forum: Indralaya Utara(HA), Tanjung Raja(EY), Sungai Pinang(PA)	3	F,F,F
Health centers: Tanjung Raja(RK), Sungai Pinang(FB), Payakabung(DR)	3	F,M,F
Villages government: Tanjung Raja(SY), Sungai Pinang(LS), Payakabung(FR)	3	M,F,M
Villages consultative board: Tanjung Raja(MA), Sungai Pinang(HK), Payakabung(JH)	3	M,M,M
Health volunteers: Tanjung Raja(SM,NM), Sungai Pinang(LI,ZA), Payakabung(RH,YT)	6	F,F,F,F,F,F
Residents: Tanjung Raja(SR,SO), Sungai Pinang(NU,SB), Payakabung(SL,SD)	6	F,F,F,M,F,F

The study had a total of 29 informants, the majority of who were female.

Implementation of Active Alert Village Program in Ogan Ilir District

Administratively, Ogan Ilir district is located in South Sumatera Province in Indonesia that consists of 16 subdistricts covering 227 villages and 14 urban villages. The implementation of active alert village program in Ogan Ilir district is based on Decree of the Ogan Ilir Regent No. 112/KEP/KES/2011^[6].

The human resources for implementing this program are under the coordination of Health Promotion Unit of Ogan Ilir district health office which consists of 6 people. At the village level, the program is supported by 23 village midwives and 760 health volunteers. The program is funded by district budget (APBD) allocated to the Health Promotion unit. Health centers are responsible for the development of active alert villages in their working areas. They are funded by health operational funding (BOK). In addition, self funding managed by the village was also one of sources of funding for the program^[3]. Activities that have been implemented in this program include: health service at village health posts (Poskesdes) and at integrated health posts (Posyandu), monitoring of health problems in the villages and surrounding environment through community self survey (SMD) and village community consultation forum (MMD) as well as environmental sanitation.

Stakeholder Analysis of Active Alert Village Program in Ogan Ilir District

¹ Policy is often thought of as decisions taken by those with responsibility for a given policy area^[7]. Policy is implemented through laws, regulations or other government enforced rules, or funding arrangements^[8]. A policy analysis framework was developed specifically for health^[9]. The framework describes that health policy research focused largely on the content of policy, actors, context and processes and how actors or stakeholders have central role then are interacted to three other variables to shape policy-making.

¹ In reality, actors are influenced (as individuals or members of groups or organizations) by the context within which they live and work^[7]. Other concepts defined that stakeholders are actors (persons or organizations) with a vested interest in the policy being promoted^[10] and stakeholders as any group or individual who can affect, or is affected by, an organisation or its activities^[11].

A. Analysis of stakeholders' knowledge

⁶ Knowledge is all that has been learned^[12] and health knowledge is linked to the awareness, motivation, and competence of people in accessing, understanding, appraising, and applying health information^[13]. With good enhanced health knowledge, it is hoped that

people will behave well in prevention of a disease. Based on the results of in-depth interviews, stakeholders' knowledge were quite good.

"...villages where people have the readiness of resources and willingness to prevent health problems."(DR)

"...the government's efforts in dealing with health problems in the community such as maternal and infant mortality and malnutrition."(WP)

"The villages whose population is in health preparedness and have resources to overcome health problems in emergencies cases."(ZA)

"Villages where people have capabilities and willingness to prevent and solve health problems independently."(SB)

"A health program aimed to improve clean and healthy living behavior."(SY)

"A program with activities to overcome community health problems such as monitoring outbreaks and environmental sanitation."(SM)

"... villages where people are prepared for handling their health problems."(YA)

Based on document review in the health office and health centers, guidebooks were found along with leaflets/booklets of active alert village as socialization materials. Stakeholders of active alert village program in Ogan Ilir district are informed concerning active alert villages from various sources, the main way was from dissemination by the provincial and district health offices^[14].

Most of stakeholders understand that active alert villages are villages where people have readiness of resources, willingness and ability to prevent and overcome health problems in their villages independently. Previous study from Hill PS, *et.al*^[15] explored the evolution of creative concept 'siaga' in health programmes in Indonesia with an emphasis on community empowerment and ensuring basic health care, disease and lifestyle surveillance and disaster preparedness to local communities.

There were several local people who have not fully understood the concept of active alert village, as illustrated below.

"...I do not know much about alert village program."(HK)

"Mmmm... perhaps for immunization, babies weighing, monitoring of under nutrition babies, and measuring child growth."(NU)

"Oooh, a new health program, but I still do not understand much."(SR)

The level of knowledge on how each stakeholder defined active alert village is important in order to avoid misunderstandings that allow stakeholders to reject the policy implementation.

B. Analysis of stakeholders' position

No single individual/institution has full authority to manage the program on their own. Therefore dividing the tasks according to their capacity is one way to sustain the program. Collaboration among stakeholders is necessary to influence the benefits of the policy so that the success of the policy can be achieved^[16]. Majority of stakeholders mentioned benefits or positive impacts of the program implementation. This is stated by in-depth interviews quotes as follows:

"... all activities of active alert village are strongly supported. We are making coordination with village consultative board, village government, health centers, UKBM and family wealthy program (PKK)."(WP)

"I think it is important for us to support development of UKBM, public awareness of the environmental cleanliness, especially role of health centers."(MC)

"I do believe there is anything unsupported. This is our government program, must be supported."(SA)

C. Analysis of stakeholders' interest

Stakeholders' interest is usually based on their role in influencing or being influenced by the program. It is important to identify interests of stakeholders in anticipating the expectations of the different stakeholders from the project and preventing any real conflicts^[17]. As mentioned by previous research that stakeholders have a vested interest in a project for numerous reasons such as mission relevancy, economic interest, legal right, political support, health and safety, lifestyle, opportunism and survival^[18].

This research indicated that active alert village program in Ogan Ilir district has benefits for individuals and groups. This created stakeholders' interest.

"Benefit? Ummm...communities can know its health problems and prevention efforts."(ZA)

"Yes the program has positive impacts to accelerate reducing MMR and IMR."(YA)

"...villages are more independent in terms of health therefore people will be healthy."(SM)

"People are fostered in health problems. Then it will improve health status."(HA)

"...there is benefit such as personal satisfaction in dealing with health problems in communities."(FB)

There were benefits received by the communities and health officers in term of understanding regarding health problems. On the other hand, the feeling of satisfaction felt by health officers in contributing to the program becomes a motivator to run the program well. It has been argued that job satisfaction is an emotional response accompanying actions or thoughts relating to work, whereas motivation is the process that activates behavior^[19].

At poskesdes Payakabung, health volunteers and local people were actively planting family medicinal plants (TOGA) in poskesdes yard. It is the real contribution of several stakeholders related to efforts to live healthy. Contribution from supportive stakeholders are necessary to carry out a project successfully^[20].

D. Analysis of potential of stakeholders' alliances

In implementing active alert village program, stakeholders have potential to make alliances with other individuals or organizations.

"Making cooperation with subdistrict government, health centers, PKK and also public figures."(SY)

"... eeemmm mutual alliance among community leaders, health volunteers and heads of village."(FB)

"We cooperate with heads of village, village midwives, local people, and health volunteers."(RH)

The stakeholders recognize the importance of cooperation or alliances with subdistrict government, health centers, PKK, public figures, community leaders, health volunteers, heads of village, village midwives and local people. This indicated that all stakeholders of both individuals and organizations support this program.

The success of the project depended significantly on forming effective partnerships and there were three factors to develop and maintain partnerships: building trust, problem solving, and open communication^[21]. According to Herald LR, *et.al.*(2012) ^[22], alignment in an alliance context is critical for leveraging the unique knowledge, skills, and abilities of stakeholders in ways that can build capacity to improve the health of the community in ways that cannot be achieved independently by stakeholders.

The result of observation at poskesdes showed that the activity at poskesdes is held by the village midwives, accompanied by officers from health centers including health promotion and health service. Local heads of village sometimes provide financial support for activities

held at poskesdes or posyandu. Alert village policy is effective if resources are well-supported and well prepared as well as comprehensively undertaken by cross-sectoral parties^[23]. Okello, ES, *et.al.*(2015) ^[24] stated that partnership can create effective synergy if stakeholders are involved in a way that makes it possible for them to contribute their knowledge, resources, and skills.

E. Analysis of stakeholders' power-leadership

The ability of stakeholders to influence program implementation and development is called power. Power can be assessed based on financial incentives, technical expertise, and influential position and technical expertise, which is the simplest to improve in low-income countries^[25]. Majority of stakeholders in this research have leadership and power because of their position as local government officers who have oversee implementation of the program. Meanwhile, health volunteers and communities are passive participants who only receive the impact of what has been established and implemented from the program and they have no strong influence in initiating a policy change.

In the event of emergencies such as outbreaks, the public will report to the local health center then to be forwarded to the health office to respond to any health problems.

"... Once we have that information about disaster or emergency cases, we do not have to wait for the next day, so we are ready to respond in one-time twenty-four-hours. Health office will direct health officers at health centers and village midwives to respond it "(WP)

Conclusion

Stakeholder analysis of active alert village programs is important as a step in understanding the knowledge, position, interests, potential alliances and power of stakeholders. Good communication and coordination among stakeholders are essential to create similar perception and share equal role among stakeholders in pursuing the objective of the program. In addition, it is suggested to improve socialization by the central government to the communities and strengthen the participation of all stakeholders.

Conflict of Interest

None declared

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Ethical Clearance

Ethical approval was received from Mohammad Hoesin Central General Hospital and Faculty of Medicine, Sriwijaya University.

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