

A STRATEGY for HEALTH INVESTMENT
DESA SIAGA: A BASIS FOR HEALTHY INDONESIA

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INTRODUCTION

This paper will highlight a model of health innovation implemented at the Village/ grass-roots level and discuss factors involving in achieving the right balance between innovative environment that provide return on investment and providing a readily accessible level of service. Desa Siaga is one of the strategies introduced by the DOH for health investment at the grass roots level.

Desa Siaga by definition is a village that has resources capability and readiness to overcome health problems and to reach a healthy village. This strategy was chosen to challenge and bridging the gap between health service system and the community as a customer. A desa has population range from 2000 – 5000 people.

The Objectives of Desa Siaga are:

1. Improvement Of Community Knowledge And Awareness On The Importance Of Health
2. Increase Community Willingness & Capabilities To Self Support On Health Related Matters
3. Increase Alertness And Readiness To Risk Factors And Dangers To Health
4. Enhance Stakeholders Support And Participation To Improve Community Health
5. Increase Family Consciousness On Nutrition
6. Increase Community Attitudes For Healthy Living And Healthy Lifestyle

Characteristics of Desa Siaga:

1. Accessible of Village Health Clinic to provide basic health care
2. Existence of Community SYSTEM SURVEILANCE
3. for disease, nutrition, environmental health, Healthy Life styles
4. Existence of Community Plan to manage and cope with crisis/ emergencies (*SAFE COMMUNITY* system)
5. Self reliance on health financing (develop community health insurance plan)
6. Progress change of attitude toward a Healthy living and Healthy life style

The Indicators of Success:

1. Indicator input: existence of Village community Forum (VCF); availability of Village Health Clinics (VHC) including the building, facilities and drugs; midwife and/or nurse, comm. health resources (UKBM)
2. Indicator output: coverage at VHC, UKBM, No of emergency cases, No of HH visited and perform healthy life style
3. Indicator Process: frequency of VCF meetings , Active VHC, Active UKBM , functionalize emergency system
4. Indicator Outcome: morbidity, mental illness, maternal death, infant and under-5 death, malnutrition cases.

SITUATIONAL ANALYSIS

The health problems in Indonesia occurred mostly at communities having low income and limited infrastructures such as those at the rural area. Many deaths and sickness due to high preventable and treatable communicable diseases still highly occurred at the village level such as TBC, Malaria, DHF and high cases of Maternal Bleeding, Infant death, Malnutrition and Injuries. That condition bound with massive economic and social cost related to them happened because of unreachable health services and short of capital, unbalanced distribution of health personnel and low Social Cohesion

To overcome the above problems, the Department of Health set up a policy of Healthy Indonesia with a mission to improve community health and a vision to have self-reliance and healthy community. This mission and vision was formulated based on four values in serving people: 1) Stands for the Community, 2) Quick, Valid and Reliable Action, 3) Team Work, and 4) High Integrity, Transparent and Accountable.

Figure 1 shows the efforts to build a healthy and self-reliance community requires a link and match between supply and demand. The community asks for closer ambulatory services, availability of medicines and health personnel in which then the Government should supply those needs by providing village health clinics with competent health personnel (midwife and/or nurse) and drugs, provide equipments and facilities until the community able to provide the

resources by themselves and deliver better quality of services. To provide a better and accessible health services at the grassroots level the DOH invented “Desa Siaga strategy”.

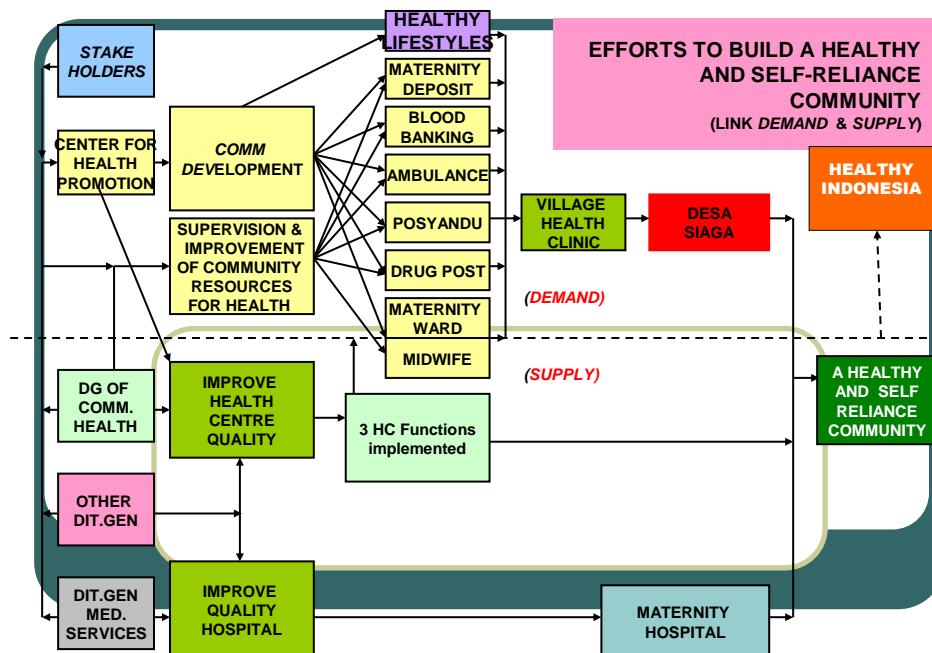


Figure 1. Efforts to build a healthy and self-reliance community (link demand & supply)

(Adopted from Direktorat Jenderal Binkesmas, 2006, DOH RI)

INVESTMENT OF HEALTH SERVICES AT DESA SIAGA

Referring to the above health situation there is a need to invest the prevention, early detection and intervention activities to improve access to the grass roots level. Desa Siaga will provide those services across the spectrum of Improvement of Community Knowledge and Awareness on the Importance of Health up to enhance stakeholders Support and Participation to Improve Community Health. The investment is targeted at 3 years program as below:

a. Target Village and Budget

1. In 2006: 12.000 villages designated as DESA SIAGA
2. By 2007: targeted to reach 30.000 village
3. By 2008: all villages in Indonesia (70.000) transform to DESA SIAGA

4. Budget allocated for 3 year totaling Rp 7,5 trillion (=USD 675 Million)
5. In 2007 central and local government provide Rp. 386.5 billion (=USD 43 million)

b. Provision of Village Health Clinics (“*Poliklinik Kesehatan Desa*”)

1. Provision of drugs and health facilities
2. Provision of competent health personnel
3. Perform the referral services
4. Provide health resources, guidelines and trainings
5. Support , monitor and supervise health post located at Religious Group study

Unit cost for village health clinic (for the year 2007)					
No	Description	Vol	Unit	Cost/item (Rp)	Total (Rp)
1	Rebuild/ renovation	60	M2	2,000,000.00	120,000,000.00
2	Medical devices	1	Package	15,000,000.00	15,000,000.00
3	Mebeulair, facilities, equipment	1	Package	10,000,000.00	10,000,000.00
4	Train ing by the health center	1	Package	500,000.00	500,000.00
5	Training midwife	1	Ps	2,400,000.00	2,400,000.00
6	Training community health worker	2	Ps	1,500,000.00	3,000,000.00
7	Honorarium for midwife	12	Month	1,000,000.00	12,000,000.00
8	Operational cost	12	Month	200,000.00	2,400,000.00
9	Medicines	1	Package	6,000,000.00	6,000,000.00
	Total				171,300,000.00 (usd 19000)

Source:Departemen Kesehatan, Pengembangan Desa Siaga, 12 Maret 2007

ACHIEVING THE RIGHT BALANCE BETWEEN INNOVATIVE ENVIRONMENT AND RETURN ON INVESTMENT

It was argued that not every potential health innovation would be financially or socially cost-effective and each needs to be individually assessed on own merits on a comprehensive assessment of the costs and benefits. Accordingly the investment

of Desa Siaga at the grass roots level may not be financially cost effective; however, considering the situation at the grass roots level this approach might provide better services for those in needs with some active involvements of various inter related sectors.

Several factors involved in achieving the return of investments including the:

- Households assets: human (healthy, competent personnel) ,physical, financial
- Household behavior: risk factors, needs and expectation for services
- Social Norms: attitude, compliance, a sense of kinship,
- Social Cohesion :Trust, Ties and Willingness to help others
- Economic Capital: ability to share a portion of health services and improve welfare

To achieve the right balance between innovative services and return of investment, the above factors should be strengthening and this are possible if the three stakeholders: the community, the private sectors and the politician are actively support and involve in Desa Siaga investment.

COMMUNITY RESPONSIBILITIES:

The Community should:

1. Actively participated in planning and monitoring village health development
2. Provide transportation, blood donors for emergency care and referral service, as well as build the health post and organize health funds.
3. Enhance cooperative activities through provision of small scale industry

PRIVATE/OTHER STAKEHOLDER PARTICIPATION ON HEALTH DEVELOPMENT:

1. Build Corporate Social Responsibility to improve community well being through provision of funds for:
 - Scholarships, Training and Incentive for community health workers
 - Community supported activities such as: Integrated health post; medicinal garden, maternity ward, family latrine/waste disposal, cooperative activities, etc

2. Established a public-private partnerships for disease prevention especially in improving research capacities and life science innovation

POLITICAL WILL:

To accelerate the improvement of innovative environment, the politician and the local leaders should:

1. Provide 70% of Funds for Village development Program including incentive for health provider and Community Health Workers/ Cadres
2. Direct the village officials to be more active in monitoring and reporting the community health condition
3. Provide health Funds for the poor, older people without family and those in needs (disasters, calamity)

CONCLUSION

The health innovation to improve the quality of life will not be achieved if the health professional work alone. The integrated approach between communities, private sectors and government to solve the needs of the grass roots level is required. The return of investment may be not being achieved in a very short time, however, Desa Siaga as a one of strategy for health investment in Indonesia may bring the health system and health services closer to the community and therefore should be supported by all related sectors. The return of investment is not always in term of cash but also in kind; accordingly, the improvement of the quality and productive life of the people at Desa Siaga should be considered as the return of investment itself.

References.

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