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Scaling Up NCD Interventions in South East Asia SUNI-SEA

15 June 2023

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Highlight Point

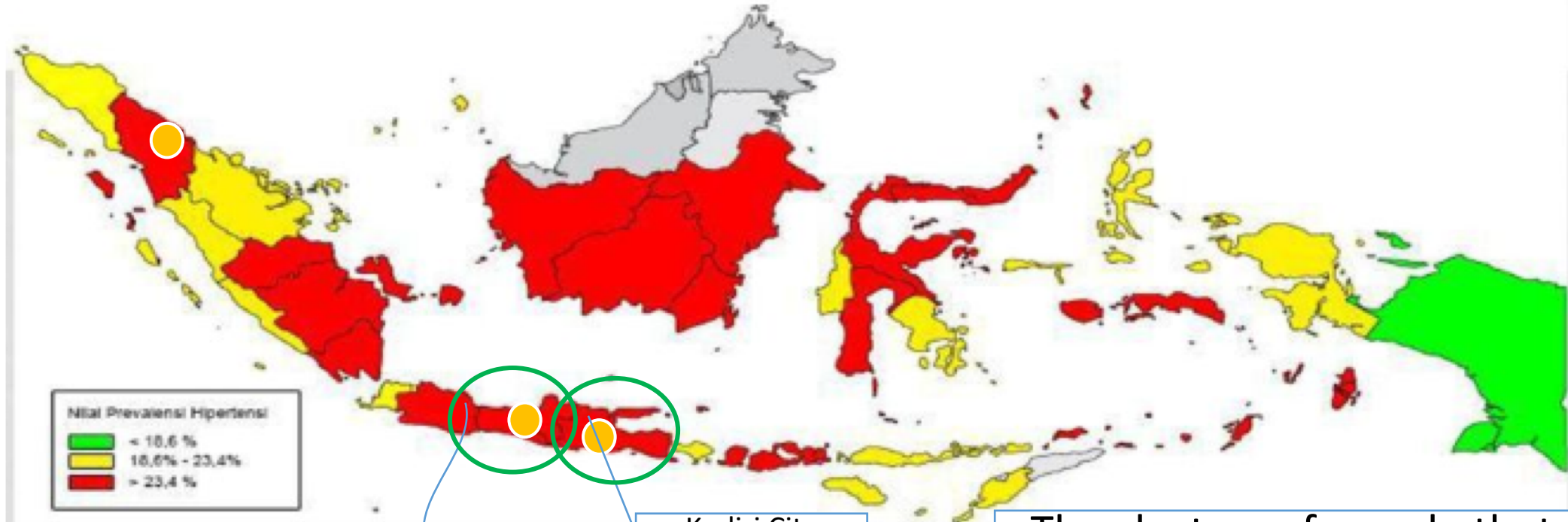


-
- SUNI-SEA Indonesia
 - Results
 - Recommendation

SUNI-SEA Indonesia



Selection of Intervention and Control Areas



Batang Regency
Surakarta City

Kediri City
Jember
Regency

The clusters of people that will be selected are Primary Health Care

Situation Analyses



Population at Risk

- Missing men and younger population

Screening

- Suboptimal implementation of Posbindu

Diagnosis and Treatment

- Suboptimal linkage to care



Workplace Posbindu/
Institutional posbindu



Simplified algorithm of
Posbindu



Form and training on
linkage to care

Findings

Situation Analyses





- Most (80%) were women and adults over 50 years old (50%) showing a suboptimal coverage of men and younger adults
- lack of resources and limited time to perform the complexities of activities and reporting

Open access

Original research

BMJ Open Missed opportunities in hypertension risk factors screening in Indonesia: a mixed-methods evaluation of integrated health post (POSBINDU) implementation

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ABSTRACT

Objectives To assess the implementation and contextual barriers of POSBINDU, a community-based activity focusing on screening of non-communicable diseases (NCDs), mainly hypertension and diabetes, in Indonesia.

Design This was a concurrent mixed-methods study, with a cross-sectional analysis of secondary data and focus group discussions (FGDs) on stakeholder of POSBINDU.

Setting The study was conducted in seven districts in three

Summary

Findings

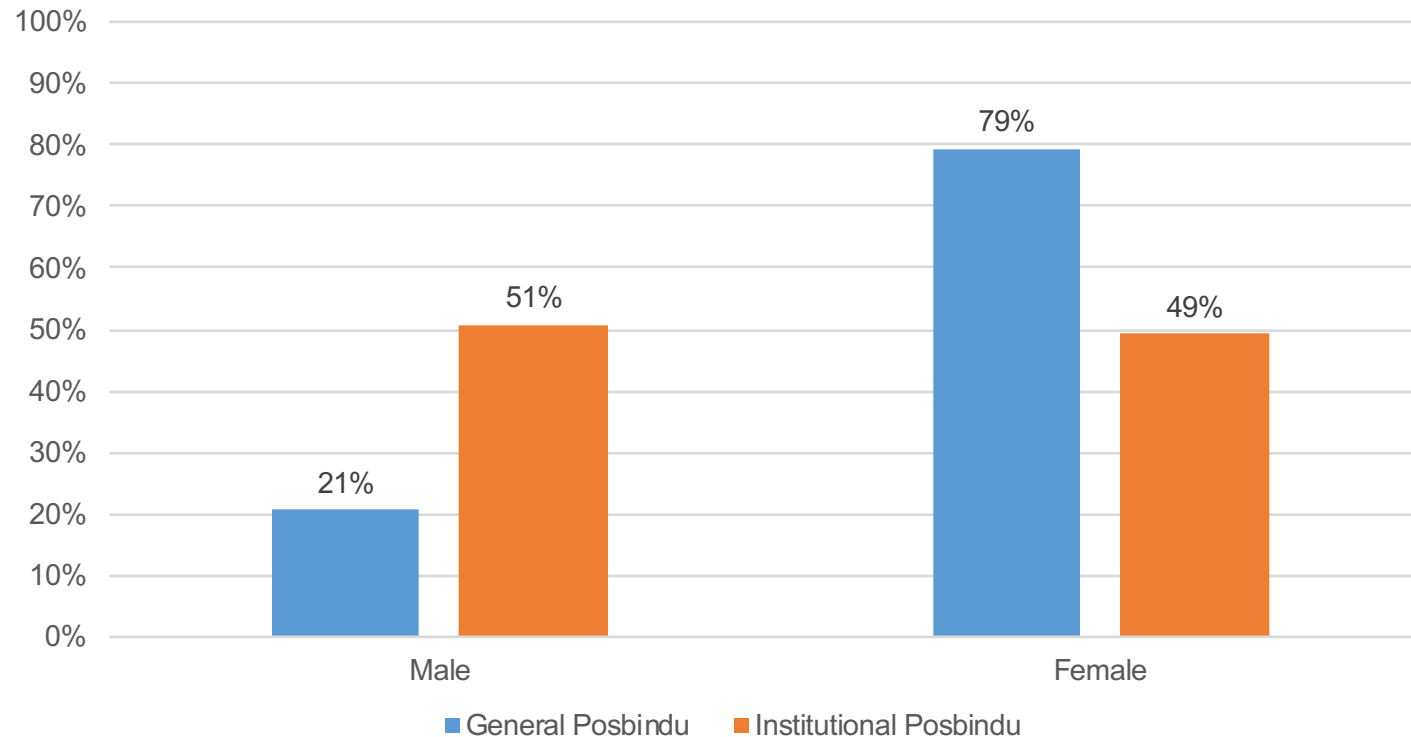
► In a mixed-methods study, we found suboptimal implementation of POSBINDU which reflected the missed opportunities in screening for hypertension and its risk factors in Indonesia. Several barriers include suboptimal coverage, complexities of activities and overlap between different non-communicable

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Population at Risk



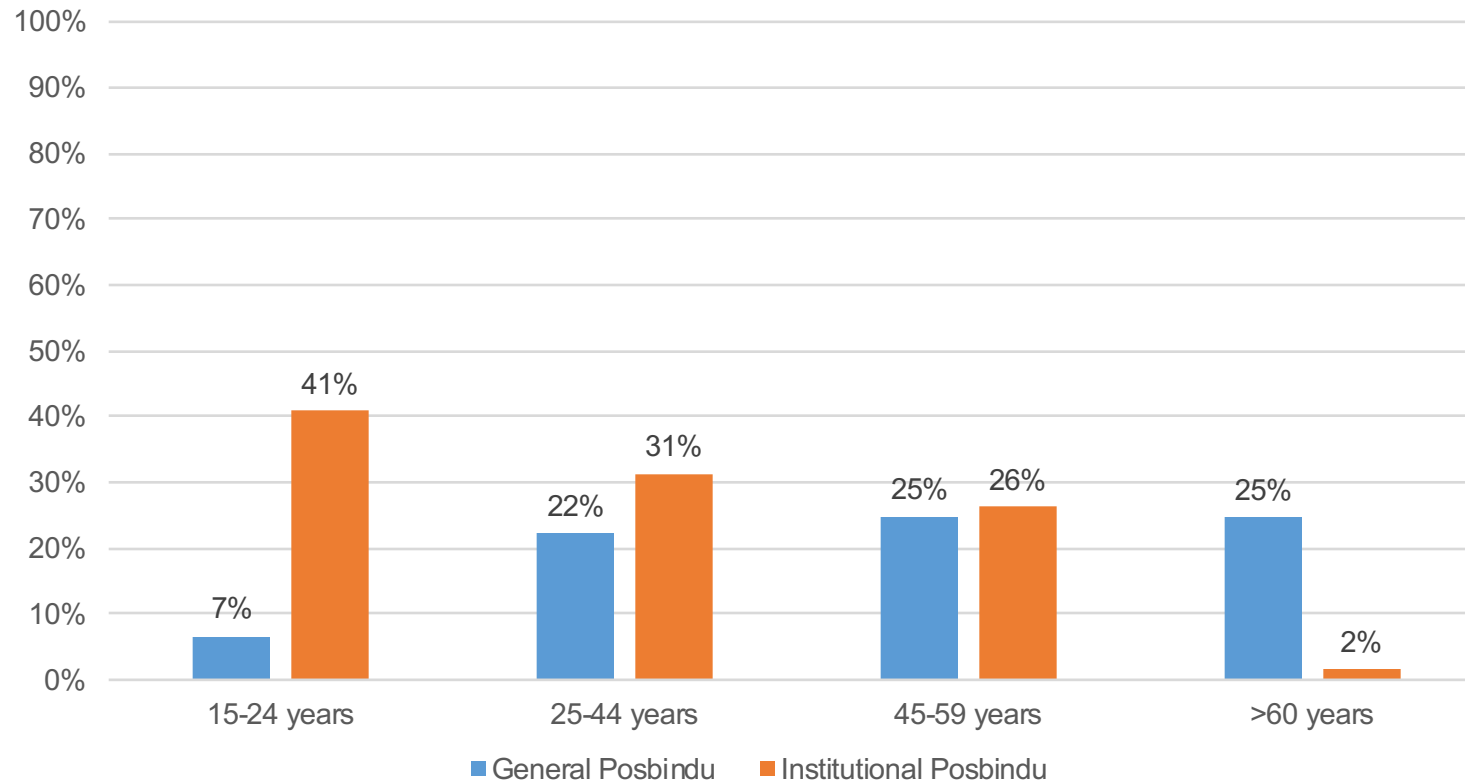
- Workplace Posbindu improve younger male participation



Population at Risk



- Workplace Posbindu improve younger male participation



Population at Risk



“ Yes, we don’t have a lot of men (participants), because they are working “ (Cadre, FGD#21, pre-intervention)

“.. When I asked... why they did not come to POSBINDU, or why there were only few people, they said because I (the community member) were not sick, so why do I need to get (health) check-up (?)..” (Health official, FGD#19, pre-intervention)

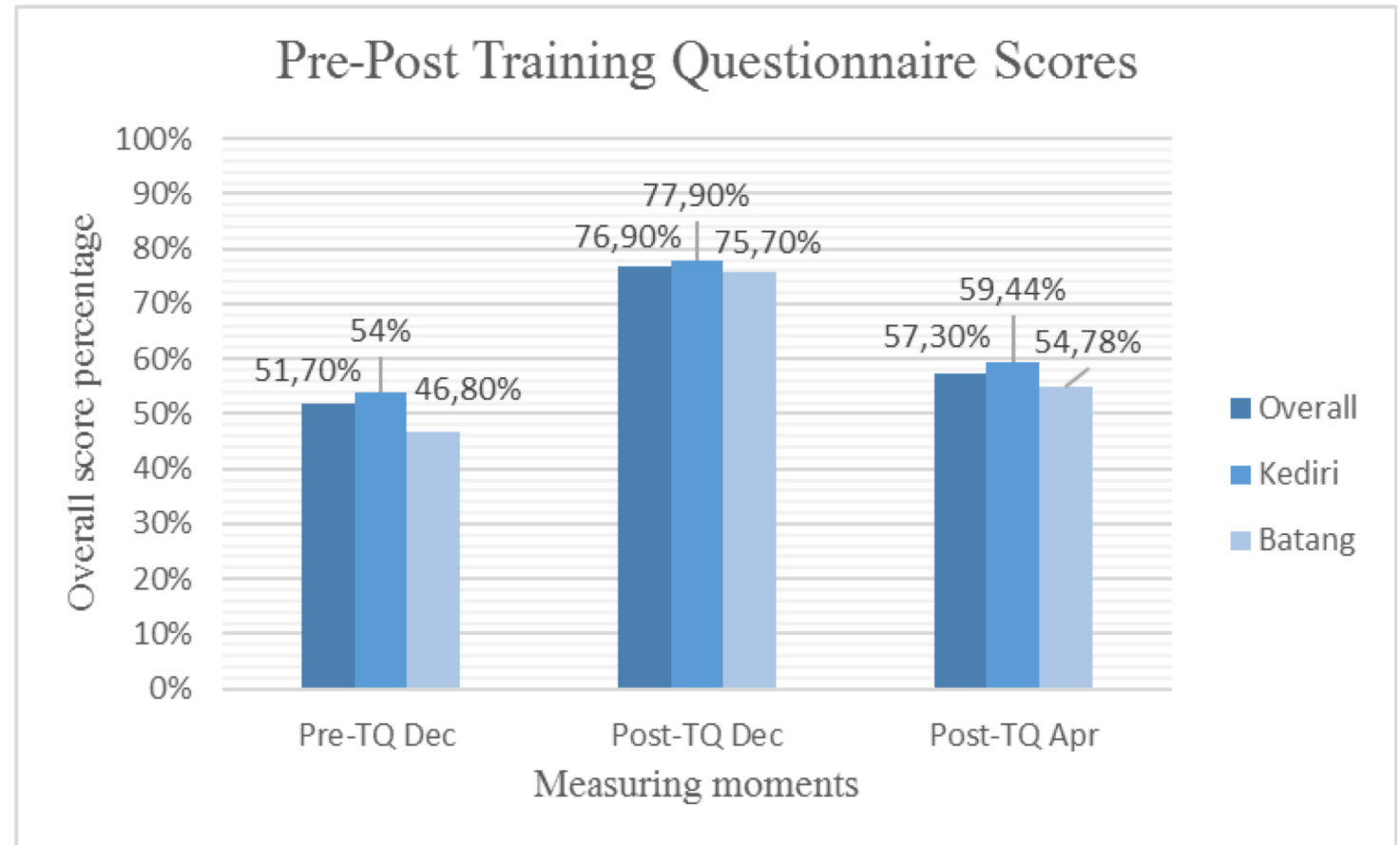
*“ ...because it's **close**, it doesn't **take time to go back and forth from home to work**, it's more **efficient.**“(Institutional Posbindu Participant 2, male)*

*“ ...because the program is very good, ... it's **better to prevent it in advance**. Like me, **my blood pressure is up to 200** I have to **prevent it first**, tomorrow we have to **start action.**“ (Institutional Posbindu Participant 1, male)*

Screening



- Simplified algorithm and training improved cadres' skills and knowledge and participants' satisfaction
- Improvement in skills and knowledge after training
- The need for refresher training (can be in the form of on the job training)



Screening

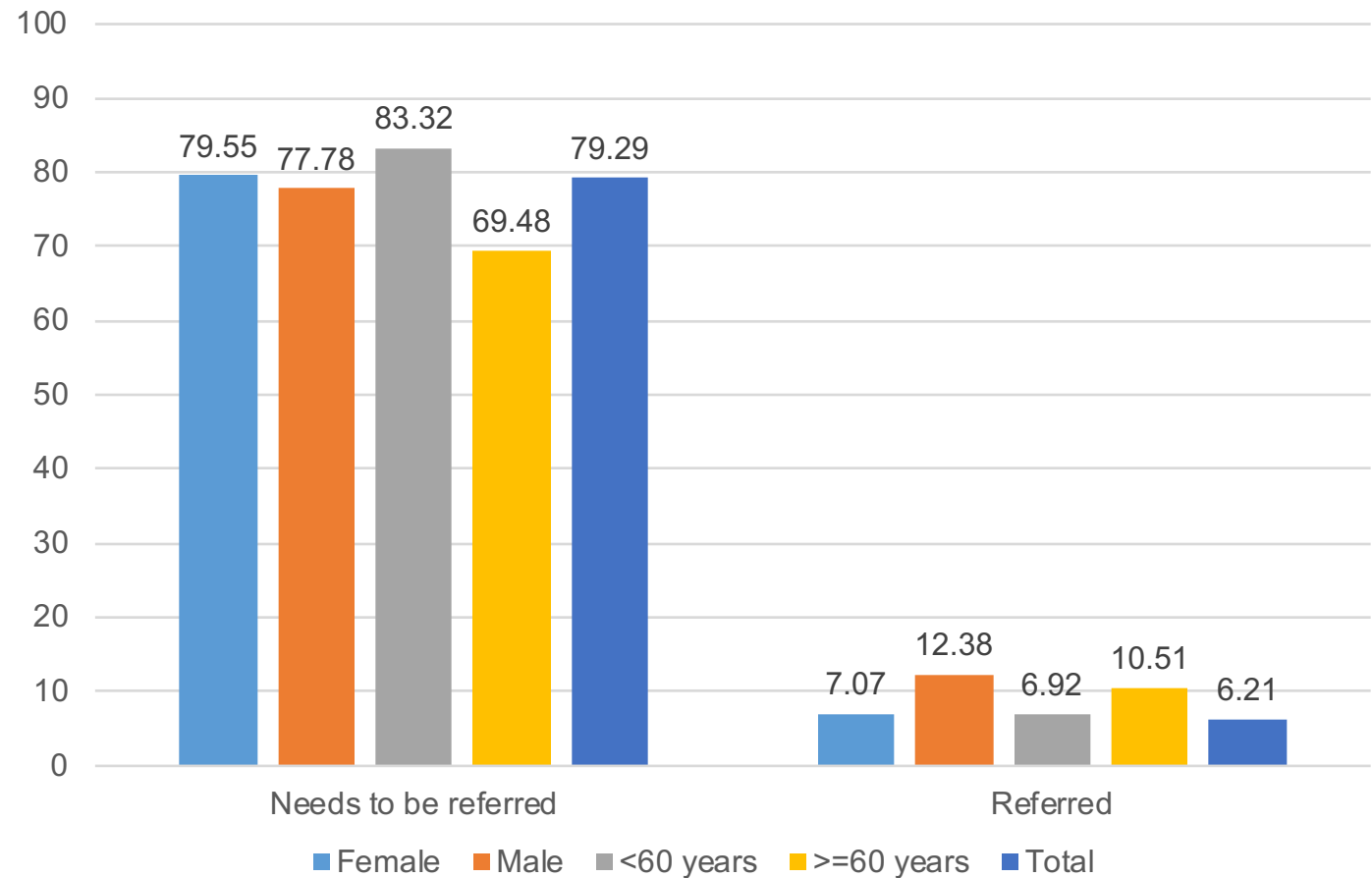


*“After the cadres training from Sunisea, we become **more knowledgeable about Posbindu activities and know about non-communicable disease** and also how to prevent it. We were **also trained to carry out health checks at Posbindu...** In the past, usually one cadre was only at one table, but now we can move around... ”* (Cadre from Kediri).

“After joining Posbindu, I understand NCDs especially from SUNI-SEA. It is also really helpful for me because we are able to check our health at Posbindu, such as controlling blood pressure and blood glucose.” (Posbindu Participant from Kediri).

Diagnosis and treatment

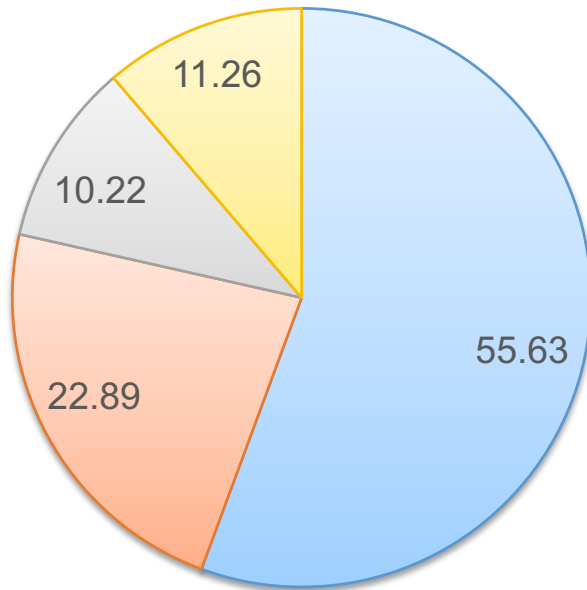
- There is still work to be done regarding linkage to care
- High proportion of people were identified as having risk factors/NCDs
- Low proportion of these people were referred



Diagnosis and treatment

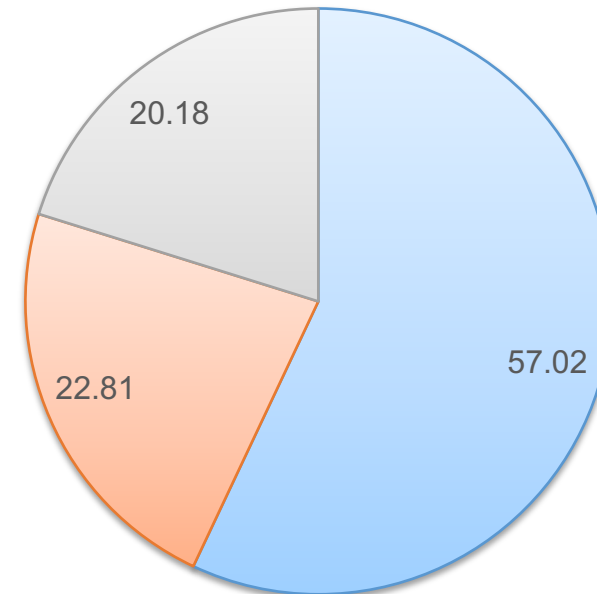


Reasons for non-referral



- Advised to go to Posbindu
- Given medication
- Advised on lifestyle changes
- Other

Referral method



- Include SUNISEA referral card
- Verbal referral only

Diagnosis and treatment



*“PHC (Puskesmas) XXXX only motivates them to come to the PHC, and usually those who don't come because they feel **there are no complaints or health matters**, so they don't go to the PHC.” (PHC staff, Kediri)*

*The PHC is **far away from my home**, so even though it's free, there are still costs for a motorcycle taxi or transportation to get there and the costs can be more expensive than the medicine. So it's better to **go to the midwife or just buy medicine in the pharmacy**, even though I have to pay, it's closer to my home.” (Posbindu participant, Batang).*

Recommendation



- National policy to support proper investment in Posbindu capacity, resources, and linkage of the reporting systems is needed to implement the synergy approach effectively
- Work closely together with CBO's and PHC's to effectively implement the synergy approach by ensuring mechanisms and resources that are supportive, such as financial mechanisms for healthcare services provided at healthcare facilities, medicine, medical equipment, and human resources
- Continuous capacity building for volunteers and PHC staff is necessary for reaching your organization health targets.
- The synergy approach with other stakeholders and private sectors makes community NCD efforts feasible and sustainable and is helpful in achieving national targets on NCD prevention and control