

# Increasing Community Engagement in NCD screening in the Midst of Primary Health Care Transformation in Indonesia

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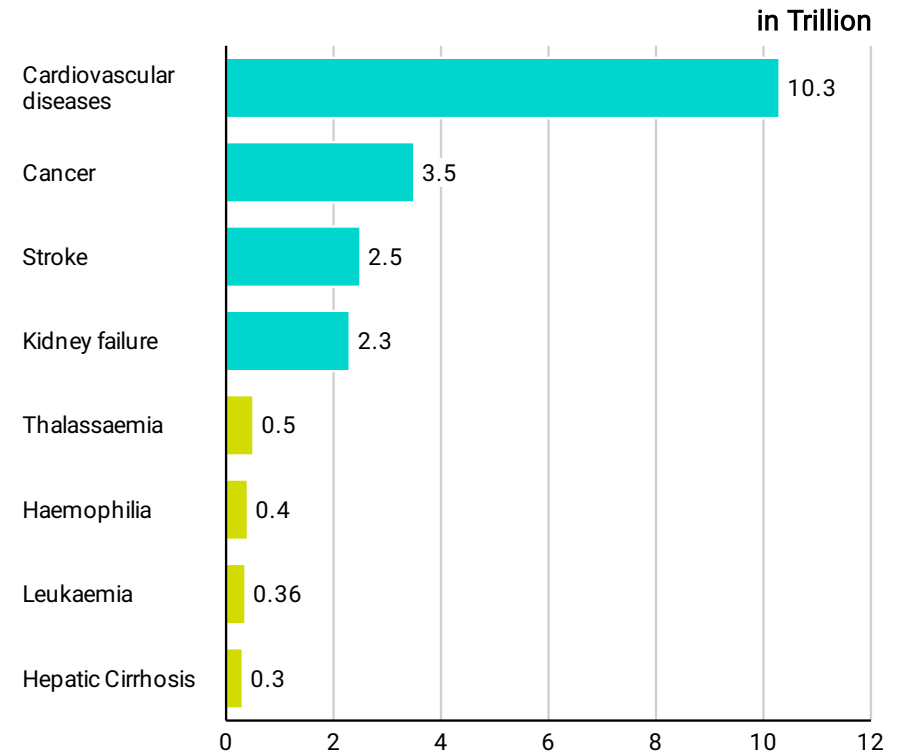
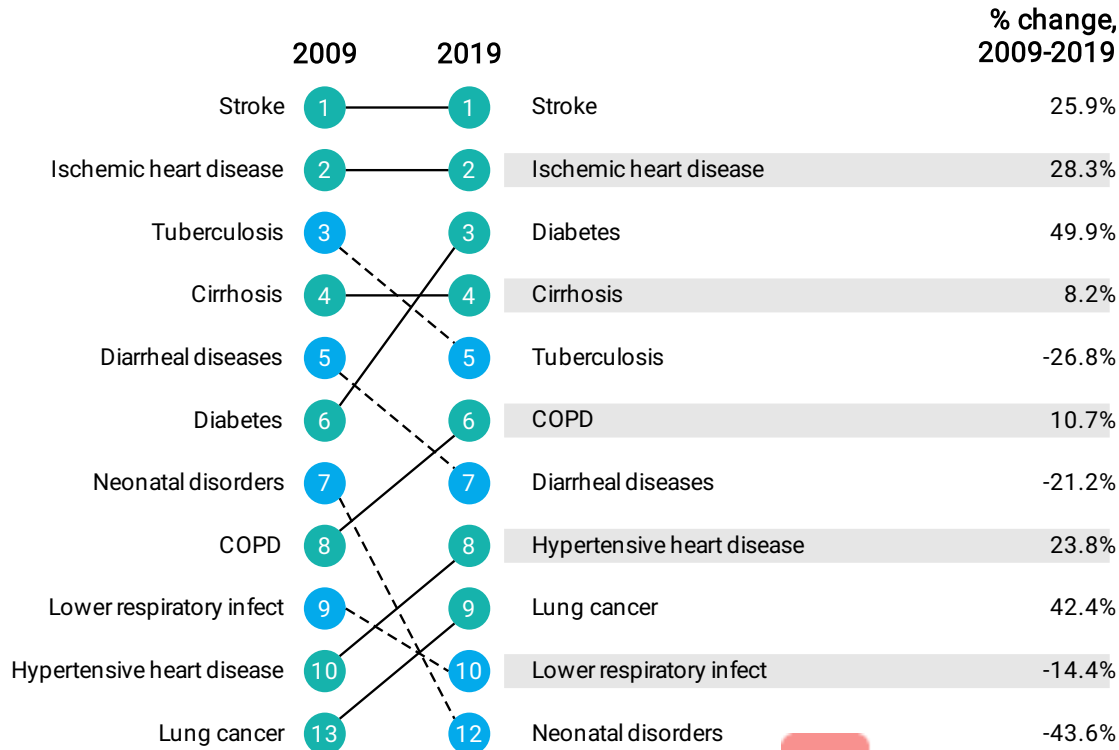
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# Currently the largest healthcare costs are used for referral health services with preventable diseases

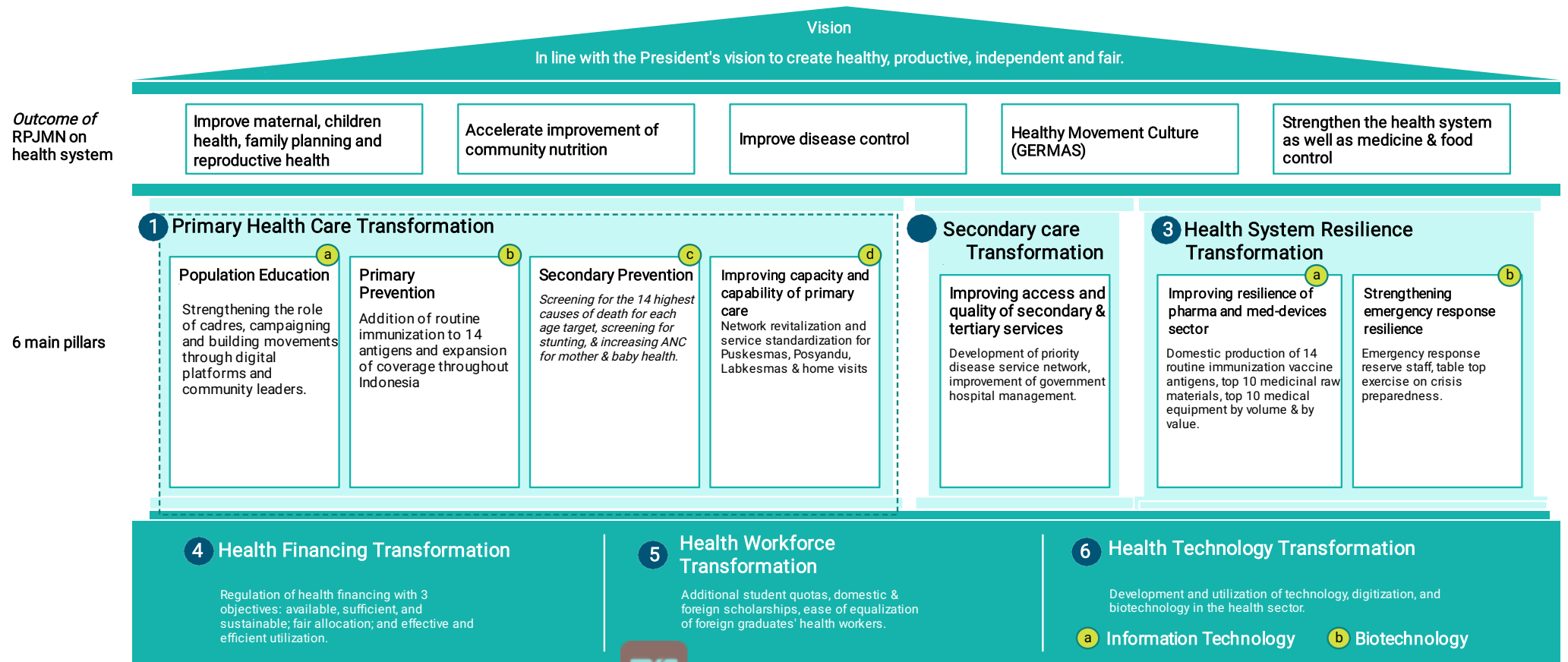
Indonesia is experiencing a change in the pattern of diseases causing the highest mortality

These 4 diseases cause the greatest financing burden



# Thus, primary healthcare is the first pillar in Indonesia health system transformation

The 6 pillars of transformation supporting the Indonesian health system:



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# There are 3 main programs for strengthening preventive functions in primary healthcare

## Routine Immunization: from 11 to 14 types of antigen



BCG, DPT-Hib, Hep B, MMR/MR, Polio (OPV-IPV), TT/DT/td, JE, HPV, PCV, Rotavirus

**Cervical cancer** is a cancer that can be prevented by immunization with the **Human Papillomavirus (HPV)**.

**Pneumonia and diarrhea** are 2 of the 5 highest causes of under-five mortality in Indonesia\* that can be prevented by immunization (PCV and Rotavirus)

## 14 screenings of Priority Disease



Screening for the highest causes of death in each age target:

1. Congenital hypothyroidism
2. Thalassemia
3. Anemia
4. Stroke
5. Coronary heart disease (heart attack)
6. Hypertension
7. Chronic obstructive pulmonary disease
8. Tuberculosis
9. Lung cancer
10. Hepatitis
11. Diabetes
12. Breast cancer
13. Cervical cancer
14. Colon cancer



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## Improving maternal and child health



Monitoring children's growth and development at Posyandu with standardized anthropometric tools

**Pregnancy check-up (ANC) from 4 times to 6 times, including 2 times USG with a doctor in the 1st and 3rd trimesters**

**Screening Breast Cancer with USG**

# In 2022, MOH set 3 objectives of the primary care transformation

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**1. Shifting focus towards lifecycle-based integrated primary health care** as well as conscious effort in strengthening promotive and preventive



**2. Bringing health services closer through care networks within village and hamlet**, including to strengthen promotive, preventive, and pandemic resilience



**3. Strengthening Local Area Monitoring (PWS<sup>1</sup>)** through monitoring with village-level health situation dashboard

1. PWS: Pemantauan Wilayah Setempat

**+270** million Indonesians get high quality primary care service

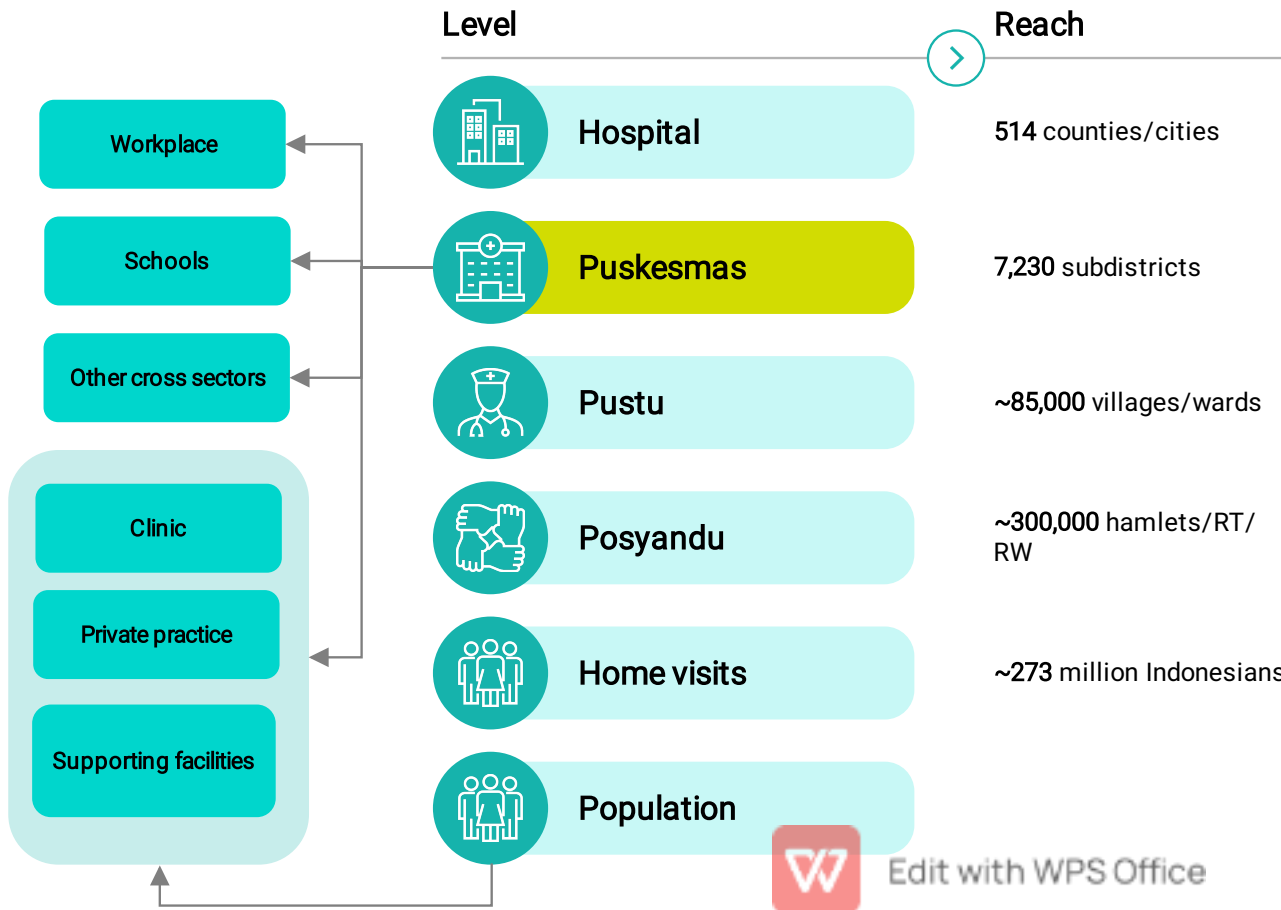
**+300 thousand** units of primary care service providers with standardized facilities and human resources

**100%** of the area and the health condition of the population are monitored regularly



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# The transformation is conducted by restructuring primary healthcare network



## Puskesmas and its 5 network:

- 1 Primary care facilities**
  - Pustu/Posyandu
  - Private clinic/practice
- 2 Referral care**
  - Hospital
- 3 Educational facilities (schools)**
- 4 Workplace**
- 5 Cross-sector agencies**

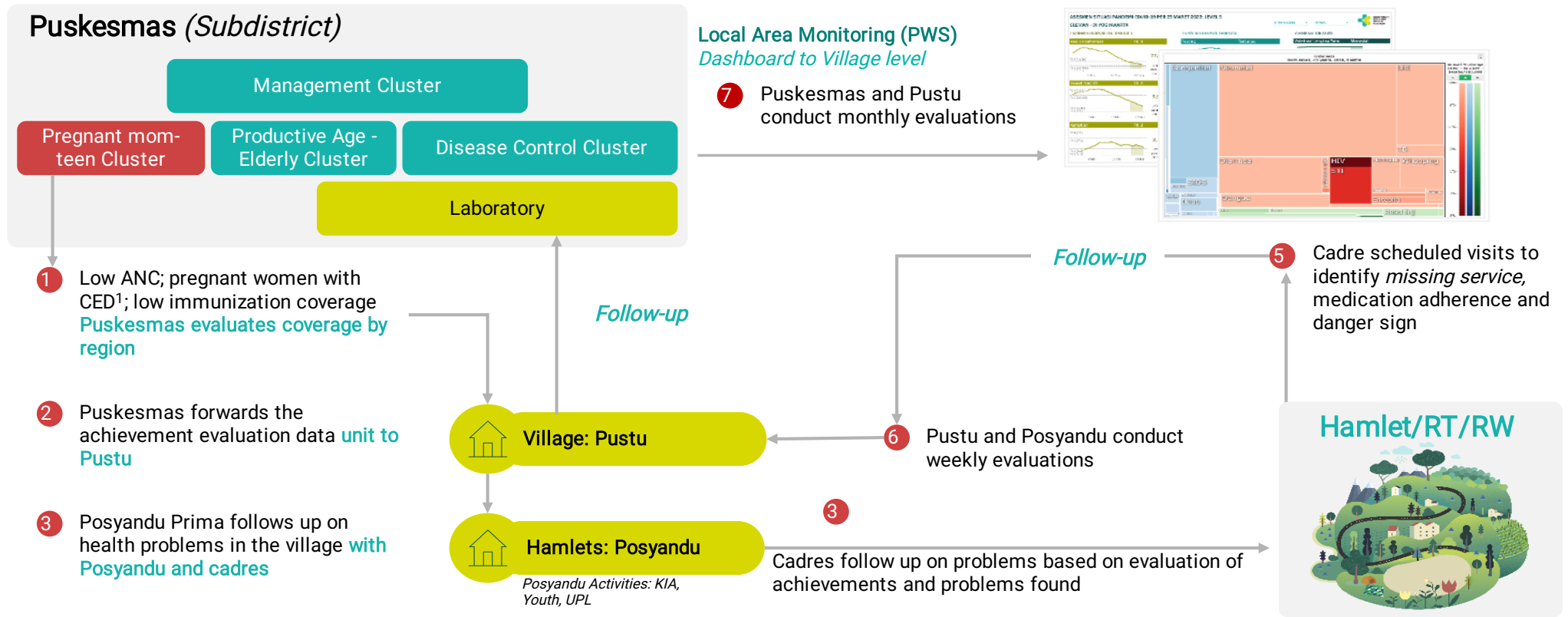


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# Illustration: an integrated primary care service for ~273 million Indonesians

Example of a local monitoring pattern to improve the service coverage of the Pregnant-Adolescent cluster



1. CED: Chronic Energy Deficiency



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# MoH has initiated an effort to **standardize** services in Puskesmas, Pustu, Posyandu—**across life cycle** (1/2)

Target Health Problems	Delivery Unit		
	Puskesmas (Subdisrict)	Health Services Unit in Village/Wards (Pustu) (Villages/Wards)	Posyandu (Hamlet/ / RT/RW)
<b>Pregnant, maternity, puerperal mothers</b>	<ol style="list-style-type: none"> <li>1. ANC (6x + ultrasound by physician)</li> <li>2. Mother Class</li> <li>3. Nutrition monitoring, intake, education, PMT</li> <li>4. Normal Delivery</li> <li>5. Post-partum services</li> <li>6. Screening of Violence to Women and Children</li> <li>7. Oral Dental Services</li> <li>8. Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. ANC (K2,K3, K4, K6)</li> <li>2. Mother Class</li> <li>3. Nutrition monitoring, intake, education, PMT</li> <li>4. Post Partum Services</li> <li>5. Limited Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Mother Class</li> <li>2. Nutrition monitoring, intake, education, PMT</li> </ol>
<b>Pre-school infants and children</b>	<ol style="list-style-type: none"> <li>1. Neonatal Esensial Services</li> <li>2. Mother of U5 class</li> <li>3. Low Birth Weight Care</li> <li>4. Hypothiroyd Congenital Screening</li> <li>5. Growth and Development Monitoring</li> <li>6. Immunization</li> <li>7. Administration of vit A &amp; anthelmintics</li> <li>8. Prevention, Early Detection, management and referral for <i>weight faltering, underweight</i>, wasting, and stuntingIntegrated Management of Child Illness</li> <li>9. TBC Screening</li> <li>10. Thalasemia Screening</li> <li>11. Screening of Violence to Women and Children</li> <li>12. Oral Dental Services</li> <li>13. Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Neonatal Esensial Services</li> <li>2. Mother of U5 class</li> <li>3. Low Birth Weight Care</li> <li>4. Growth and Development Monitoring</li> <li>5. Immunization</li> <li>6. Administration of vit A &amp; anthelmintics</li> <li>7. Prevention, Early Detection, management and referral for <i>weight faltering, underweight</i>, wasting, and Integrated Management of Child Illness</li> <li>8. TBC Screening</li> <li>9. Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Mother of U5 class</li> <li>2. Growth and Development Monitoring</li> <li>3. Immunization</li> <li>4. Administration of vit A &amp; anthelmintics</li> <li>5. Prevention, Early Detection, management and referral for <i>weight faltering, underweight</i>, wasting, and TBC Screening</li> </ol>
<b>School-aged children and adolescent</b>	<ol style="list-style-type: none"> <li>1. Health Screening</li> <li>2. Immunization</li> <li>3. Adolescent Health Services (PKPR)</li> <li>4. Facilitation of UKS activities</li> <li>5. Screening of Violence to Women and Children</li> <li>6. Oral Dental Services</li> <li>7. Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Health Screening</li> <li>2. Immunization</li> <li>3. Adolescent Health Services (PKPR)</li> <li>4. Anemia Prevention</li> <li>5. Limited Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent Health education</li> <li>2. Anemia Prevention</li> </ol>



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# MoH has initiated an effort to **standardize** services in Puskesmas, Pustu, Posyandu—**across life cycle** (2/2)

Target Health Problems	Delivery Unit		
	Puskesmas (Subdistrict)	Health Services Unit in Village/Wards(Pustu) (Villages/Wards)	Posyandu (Hamlet/RT/RW)
Usia Produktif dan Lansia	<ol style="list-style-type: none"> <li>1. Obesity Screening</li> <li>2. Hypertension Screening</li> <li>3. Diabetes Mellitus Screening</li> <li>4. Stroke Screening</li> <li>5. Cardiac Screening</li> <li>6. Cancer Screening (cervical, breast, colorectal, lung cancer)</li> <li>7. COPD Screening</li> <li>8. TB Screening</li> <li>9. Vision Screening</li> <li>10. Fitness Screening</li> <li>11. Thalasemia Screening</li> <li>12. Screening of Violence to Women and Children</li> <li>13. Mental Health Screening</li> <li>14. Reproductive Health Screening</li> <li>15. Pregnancy eligibility Screening</li> <li>16. Family Planning Services</li> <li>17. Occupational Disease Services</li> <li>18. Geriatric Screening</li> <li>19. Oral Dental Services</li> <li>20. Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Obesity Screening</li> <li>2. Hypertension Screening</li> <li>3. Diabetes Mellitus Screening</li> <li>4. Cancer Screening (breast cancer)</li> <li>5. COPD Screening</li> <li>6. TB Screening</li> <li>7. Vision Screening</li> <li>8. Mental Health Screening</li> <li>9. Pregnancy eligibility Screening</li> <li>10. Family Planning Services</li> <li>11. Geriatric Screening</li> <li>12. Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Obesity Screening</li> <li>2. Hypertension Screening</li> <li>3. Diabetes Mellitus Screening</li> <li>4. TB Screening</li> <li>5. Vision Screening</li> <li>6. Mental Health Screening</li> <li>7. Pregnancy eligibility Screening</li> <li>8. Family Planning Services</li> <li>9. Geriatric Screening</li> </ol>
Pengendalian Penyakit Menular	<ol style="list-style-type: none"> <li>1. Prevention, early warning and response</li> <li>2. Health Environment Monitoring</li> </ol>		
Layanan lain	<ol style="list-style-type: none"> <li>1. Laboratory</li> <li>2. Pharmacist</li> <li>3. Emergency</li> <li>4. In-patient Care</li> </ol>	<ol style="list-style-type: none"> <li>1. RDT</li> </ol>	<ol style="list-style-type: none"> <li>1. RDT</li> </ol>



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# At the center of this transformation is Health Service Units in Villages/Wards—providing health services and coordinating community empowerment in their area



## Daily health service

Facilities, infrastructure, and medical equipment according to standards

Standardized service plans according to life cycle:

1. Screening, health education
2. Limited treatment
3. Laboratory with PoCT<sup>1</sup>
4. Village planning and Posyandu assistance
5. Home visit
6. Local Area Monitoring (PWS)

## HR / implementers

At least:

- 2 Health Workers (1 nurse and 1 midwife), and
- 2 Cadres



Health Service Units in Villages/Kelurahan are available in all villages/kelurahan

## Opening hours:

- 08.00 – 11.00: Service
- 11.00am – 3.00pm: Community empowerment or home visits—or according to local conditions

## Community empowerment in health



Room for weekly evaluation of cadre home visits and community participation activities

Empowerment activities in the health sector:

1. Village planning & village community empowerment
2. Posyandu cadre management
3. Home visit
4. PWS



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# School-aged and Adolescent Health Programs



**Public Health Centre (Puskesmas)  
with adolescent health care services**

## At the health facility

- Medical Clinical Services
- Educational, Information and Communication
- Counseling
- Life Skills Education
- Reference

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## Outside health facility



**Inside the School (80%)**

- School Health Program (Usaha Kesehatan Sekolah) by increasing the role of the UKS supervisory team



**Outside the School (Prison/Orphanage/Street Children/20%)**

- Health services in prison/orphanage/for street children: clinical, IEC, counseling, life skill education, reference
- Posyandu Remaja: promotive and preventive health services by adolescent



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# Health in the workplace

## Occupational Health and Safety



- Aiming to **improve workers' productivity by applying healthy lifestyle and preventing** Non Communicable & Communicable diseases, Occupational **diseases and injuries**
- Targetting **144 millions workers** in formal (health workers, public and private officers, etc) and informal sectors (unregistered home industry, traditional market, fishermen etc.)
- Emphasizing on **health promotion and screening**



Prevent Diseases and injury, Improve Reproductive Health, Environment Health,  
Prevent sedentary lifestyle


































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# To enable optimal community empowerment, MOH has designed initiative to upskill cadres with 25 basic health skills

## Cadre competency list

Posyandu Management Skills	Baby and Toddler Skills	Skills of Pregnant Women, Breastfeeding	School Age & Youth Skills	Productive Age & Elderly Skills
1  Explain the management of Posyandu	 Conducting counseling using the MCH Book for toddlers	 Counseling the Contents of My Plate for Pregnant Women and Breastfeeding Women	 Counseling the contents of my plate and physical activity	 Conducting Germas counseling
2  Make home visits	 Conducting exclusive breastfeeding, MP breastfeeding and animal protein-rich feeding according to the age of toddlers	 Conducting counseling using the MCH Book for pregnant women, postpartum	 Describe anemia prevention programs (adolescent girls' TTD and Hb screening)	 Conducting counseling on non-communicable diseases and infectious diseases
3  Record and report	 Weighing, measuring length / height and head circumference and plotting in the MCH Book	 Conducting counseling for Examination of Pregnant Women and Postpartum Women	 Conducting counseling on the dangers of smoking and drugs	 Explain the screening of productive age (hypertension, DM, cholesterol, gout, mental health)
4  Promote effective communication	 Explain the results of normal, underweight, stunting and follow-up weight and height measurements	 Explain that pregnant women need to monitor nutritional status and blood pressure with MCH Book curves		 Explain elderly screening (hypertension, DM, cholesterol, gout, mental health, geriatrics)
5  Conducting counseling on developmental stimulation, vit A and deworming according to the age of the child	 Explain the recommendation to take TTD every day during pregnancy			 Conducting family planning counseling
6  Conducting counseling on complete routine immunization services and PD3i	 Conducting counseling on monitoring danger signs for pregnant women, postpartum mothers			
7  Conducting counseling on monitoring of baby and toddler danger signs			 OR  OR 	 OR  OR 



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# To test the design of integrated primary care, MoH has conducted a **pilot in 9 loci** across Indonesia

Collaboration with Kemendagri dan Kemendes PDTT



## What?

- Shift focus on lifecycle-based primary care as well as conscious effort in strengthening promotive and preventive
- Bring health services closer through care networks within village and hamlet, including to strengthen promotive, preventive, and pandemic resilience
- Strengthen Local Area Monitoring through monitoring with village-level health situation dashboard



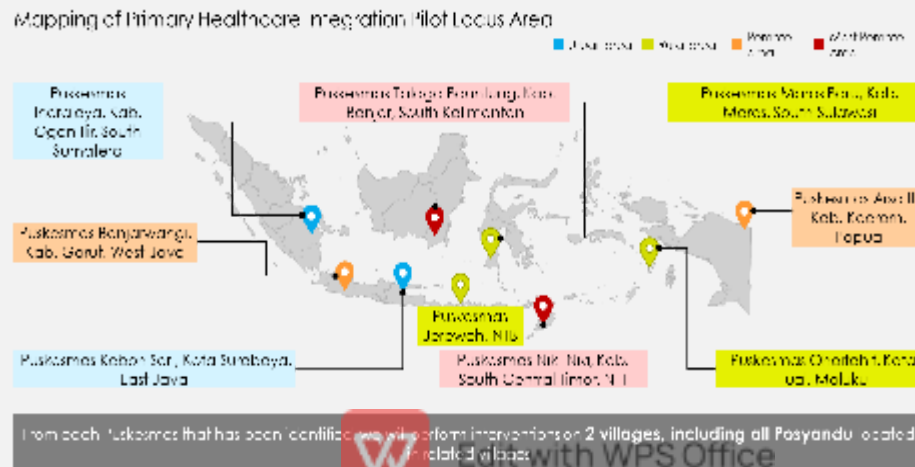
## Period

July – October 2022



## Locus

Pilot in 2 villages per province



## Main question of the pilot

Could changes in ILP improve coverage, quality, and area health monitoring?

What improvement is needed to ensure successful scale-up across Indonesia?

# In general, changes in the number of visits to health facilities before and after ILP have a positive trend...

■ Increase   
 ■ Do not change   
 ■ Decrease   
 % % improvement

Changes in visits before and after the pilot based on health facilities<sup>1</sup>

City	Province	Puskesmas	Posyandu Prima	Posyandu
Ogan Ilir	South Sumatera	+42%	+++	+128%
Surabaya	East Java	+10%	+66%	+84%
Tual	Maluku	-40%	+++	+67%
Maros	South Sulawesi	+34%	+++	+239%
Sumbawa Barat	West Nusa Tenggara	-5%	+197%	+19%
Keerom	Papua	-12%	+++	+16%
Garut	West Java	+457%	+++	+214%
Banjar	South Kalimantan	+13%	+++	+26%
TTS	East Nusa Tenggara	+91%	+187%	+74%

## ...besides that the cadres also made home visits

Home visits been carried out by cadres to >90% of the target

✘
✔
✔
✔
✔
✘
✔
✔
✔

1. % increase is the difference between the number of visits before the pilot (Jun – Jul) and the median of the number of visits after the pilot (Jul – Oct); the number of visits for 1 service per life cycle is used as a proxy for the number of visits: pregnant women – ANC, infants & children – pantuan collapse, youth – PKPR, uspro & elderly – hypertension/DM screening; comparisons can only be made temporally (before v after ILP) in 1 locus; comparison between loci is not possible due to variations in DO implementation  
 \* Increase of >500% or cannot be quantified because the prima posyandu was not operating well before the pilot and only received <5 visits






Method: time series of number of health facility visits in 2 pilot villages



# Home visits by cadres: home visits were able to identify missing services, non-compliance, and danger signs<sup>1</sup>

■ High (>50%)  
■ Low (<5%)  
■ iddle (5-50%)  
XX % with missing services/ compliance  
XX % danger signs

The result of Cadres Home Visit at 9 Locus

	target	Missing service	Non-compliance	Danger sign		
 <b>Pregnant Mother</b>	<b>Pregnant mother</b>	MCH Handbook (-) 15% ANC (-) 22% Consume Fe Tablet (-) 23% Participate on Mother Class (-) 87% KEK Mother get supplem entary food (-) 55%	N/A	<b>14%</b>		
	<b>Maternity mother</b>	MCH Handbook (-) 15% Postpartum Visit (-) 52% Institutional Delivery (-) 21% vit. A (-) 44%		<b>8%</b>		
 <b>Baby, preschooler</b>	<b>Baby</b> 0-6 months	MCH Handbook (-) 18% Immunization (-) 21% Monitor growth and development (-) 27% Neonatal Visit (-) 60%		N/A	<b>7%</b>	
	<b>Toddler</b> 6-72 months	MCH Handbook (-) 60% Immunization (-) 21% Monitor growth and development (-) 32%			<b>4%</b>	
 <b>Teenager</b>	Measuring Weight and Height 52% Mid Upper Arm Circumference measurement (-) 12% Consume Fe Tablet (-) 44% Check anemia (-) 60% Tidak melakukan skrining PT 95%	N/A			N/A	
 <b>Productive age and the elderly</b>	<b>Hiper-tensi</b>					Tidak punya buku PTM 94% Tidak melakukan skrining HT 84%
	<b>DM</b>		Tidak punya buku PTM 94% Tidak melakukan skrining DM 93%			Check Dibaetes Melitus 95% Consume Diabeter drugs (-) 78%
	<b>Eldery</b>		<b>Hiper-tensi</b>			Tidak punya buku lansia 78% Tidak melakukan skrining HT 79%
	<b>DM</b>		Tidak punya buku lansia 80% Tidak skrining DM 91%	Check Dibaetes Melitus 94% Consume Diabeter drugs (-) 31%		
 <b>P2p2</b>	<b>All age</b>		Tidak melakukan skrining TB 15%	Tb Diagnosed 3 96% Consume TB drugs (-) 5%		N/A

1. Missing service: patients who have not received primary health services; Non-compliance: patients suffering from diseases (eg HT, DM) who do not follow the rules of health care (eg taking medication); Danger sign: patient showing signs of danger (eg swollen feet, fever) | 2. PPP – Prevention of Disease Transmission | 3. Only based on ~30 TB patients  
 Method: the number of people receiving health services compared to the total number of people visited

# Learning from promising pilot, we are now ready to launch and roll out primary healthcare integration across the country

## Implementation (tentative)



**Method:** Hybrid (offline and online)  
**Date:** July 4, 2023  
**Time:** 09.00 – 11.00 WIB  
**Place:** Jakarta

## Participants



- From various K/L:
- Coordinating Ministry of PMK
- Ministry of Home Affairs
- Kemendes PDTT
- Ministry of Health
- TP-PKK Center
- Local Government of 34 Provinces

## Orientation of primary healthcare integration has been carried out in 34 Provinces

### Sources

- Ministry of Internal Affairs
- Ministry of Villages, PDT and Transmigration
- Ministry of Health
- POGI, IDAI, IPKI, PAPDI, and PDKI

### Material

- ILP Policy, Institutional Regulation, Use of Village Funds, Service Package according to Cluster, Simulation



The launching event involve MoU signing between **MOH**, Ministry of Home Affairs, and Ministry of Village, Development of Disadvantaged Regions, and Transmigration as multi-ministry commitment in supporting primary healthcare integration





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