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Background

- CISDI (Center for Indonesia's Strategic Development Initiatives) is a civil society which focuses on health development, youth involvement, and achievement of the Sustainable Development Goals (SDGs) in Indonesia.¹
- As the largest archipelagic country in the world with 17,504 islands, Indonesia faces many challenges in the improvement of the quality of health services.³
- Nearly half of the 9,500 primary health centers (*Puskesmas*) in Indonesia do not function optimally.⁴
- Reorienting health systems towards primary care will accelerate the achievement of Sustainable Development Goals.²

Intervention

- Pencerah Nusantara* (PN) which literally means "the lighter of Archipelago", is a program conducted by CISDI to strengthen the primary care in Indonesia, by placing interprofessional teams in underserved areas for 3 years.⁴
- PN focuses on improving primary health center's management, maternal child health, & nutrition.⁴
- PN replaces the team every year due to different objectives and assignments that they are assigned to, which are:
 - First Year**, focusing on needs assessment, stakeholder mapping, and program planning.
 - Second year**, focusing on program implementation, strengthening the partnerships with stakeholders, and increasing the capacity of local health professionals.
 - Third year**, focusing on the program sustainability.

Elements of Success



Government Engagement

- PN collaborates with the Department of Health by placing the team directly in the *Puskesmas* (Primary Health Centers) as their main target and workplace.⁴
- PN advocates the local governments (villages, districts, and the regency governments) to support their program through their policy and regulation.⁴



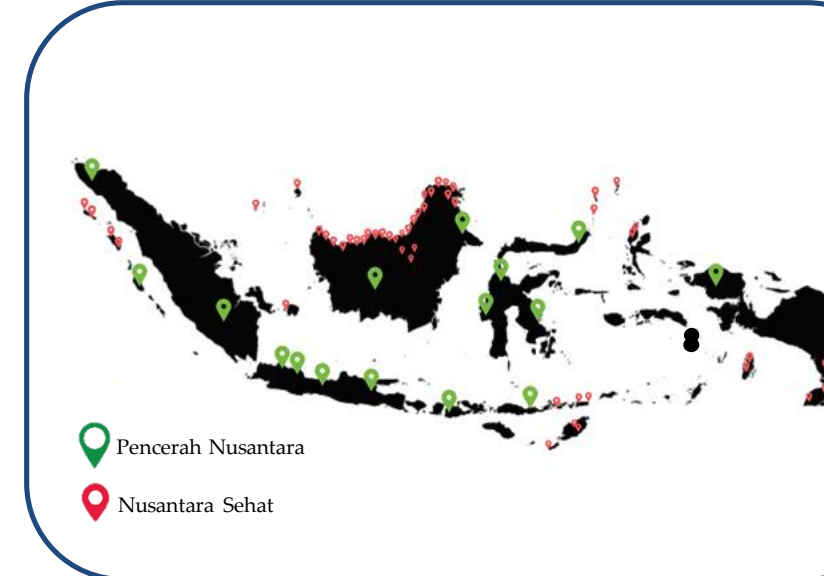
Capacity Building

- Since 2016, PN has trained 471 local health practitioners to help running the *Puskesmas* more effectively and 915 health volunteers to maximize their functions in community health service posts (*Posyandu*).⁵
- Together with *Puskesmas*, PN trains the students in the school as the peer educators.



Resource Utilization

- PN promotes local plant (*Moringa*) as one of the nutritious resources to support children nutrition.
- Instead of creating new programs, PN helps *Puskesmas* innovating the existed *Puskesmas'* health programs.
- PN is interprofessional teams which make them capable to solve the health problems comprehensively.

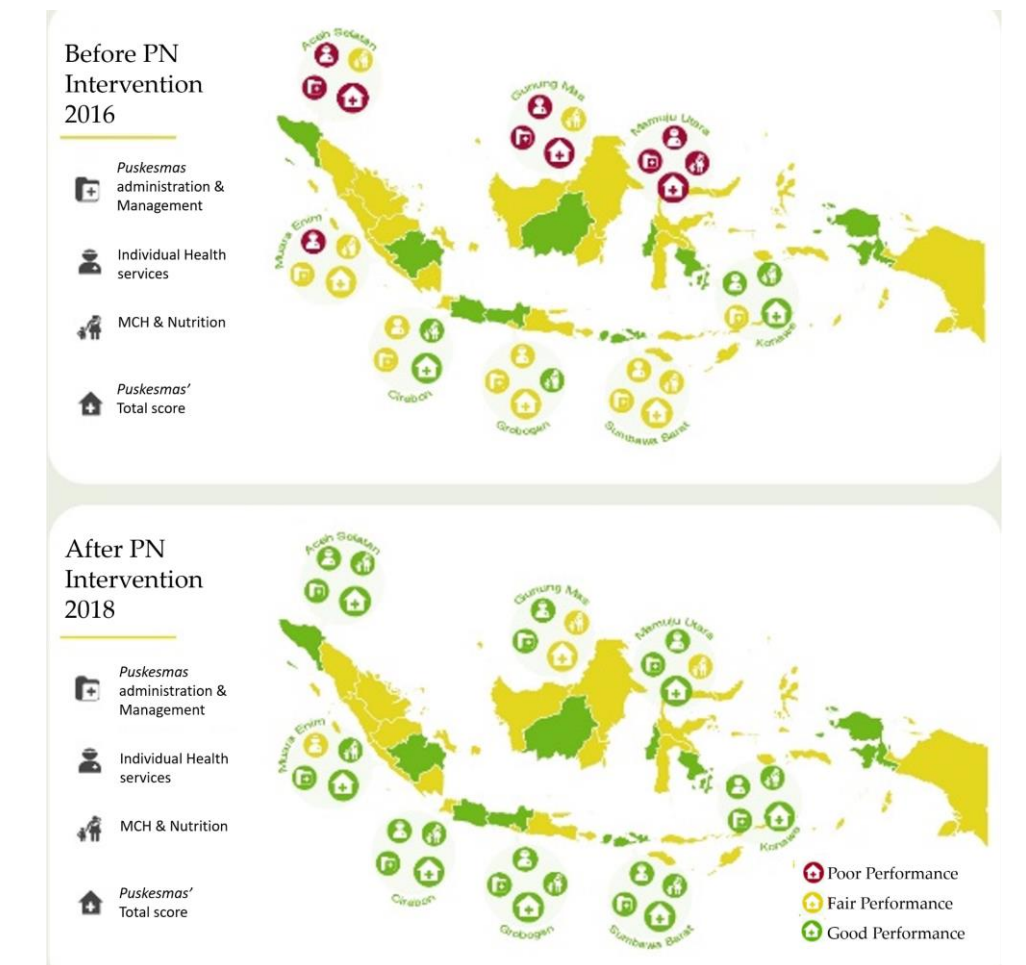


Policy Impact

- PN approach on utilizing *Moringa* to support nutrition in the community, was supported by the local government's regulation, which encourage the community to plan and consume *Moringa*.⁵
- PN has been scaled-up to the national level as *Nusantara Sehat* (Healthy Archipelago) program, which has placed 3,380 young health professionals in 590 underserved areas in Indonesia.⁶

Discussion

- PN showed that Inter-professional collaboration of youth, together with all the elements of success above has strengthened the primary care in 8 *Puskesmas* in Indonesia, as present in the infographic below.



Conclusion

For future direction, CISDI could create a PN replication model for the local governments that want to replicate this intervention. Furthermore, PN could also be scaled up from community health centers and implemented at a systemic level through Health Departments.

References

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