

Children's Participation in the Successful Reconstruction of the Community-Based Primary Health Network in Aceh, Indonesia

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PROJECT BACKGROUND

THE 2004 TSUNAMI AND PLAN'S RESPONSE

- The province of Banda Aceh was hardest hit by the December 2004 tsunami.
- The district of Aceh Besar was among the most severely impacted areas:
 - One-third of health clinics were destroyed and another one-third would require major renovation
- In response to the tsunami, Plan International, a humanitarian, child-centered organization, has been working in 6 sub-districts of Aceh Besar:
 - Topics: Provision of clean water, child centers, housing and school construction, health service, household economy improvement, and child protection (child helpline, universal birth registration campaign)
 - Evolution of Plan's intervention: Emergency response - 1st yr, reconstruction - 2 yrs, capacity building of local stakeholders - 2 yrs
 - Total beneficiaries: 32,105 across 54 villages
- In 2006, Plan was awarded a 3-year, \$3 million project by the American Red Cross to rebuild the community health system in Aceh Besar



GOAL AND OBJECTIVES

- **GOAL:** To improve community health, targeting maternal and child health in Tsunami-impacted Aceh Besar
- **OBJECTIVE 1:** To improve maternal and child health through a revitalized Posyandu system in Aceh Besar
- **OBJECTIVE 2:** To improve maternal and child health through a revitalized Polindes system in Aceh Besar

METHODS

REBUILDING AND RE-EQUIPPING OF POSYANDUS AND POLINDES

- Rapid needs assessment
- Done in close coordination with government and local stakeholders working with posyandu and polindes
- Due to the multi-fold increase in construction costs, the number of facilities was decreased
- Accompanied with 'software' components to improve skills of posyandu and polindes staff

TRAINING FOR MIDWIVES AND COMMUNITY HEALTH VOLUNTEERS

- Trainings provided for health professionals (village midwives) and community cadres (Posyandu cadres)
- Conducted side-by-side with reconstruction processes

DEVELOPMENT OF A SERVICE NETWORK WITH DISTRICT HEALTH

- With the District Health Office, Plan revitalized the posyandu's working groups in Aceh Besar district
- Helped develop District Regulation No. 06/2009 on minimum standards of posyandu services in Aceh Besar, based on the new Government minimum standards for the design and operation of community health facilities
- Plan and the District Health Office agreed upon a common 'sustainability strategy'

COMMUNITY AND CHILDREN'S PARTICIPATION AND EDUCATION

- Village level community health mapping, informing the community of the current status of maternal and child health and asking for ideas/suggestions.
- Participation helped to improve emotional and social standing. The playground space and IEC materials for children were effective in generating ideas and contributions from children.
- Community meetings with Posyandu cadres to raise awareness about the function of Posyandu buildings and how to manage and conduct Posyandu activities



RESULTS

OUTPUTS

- 39 Posyandu and 24 Polindes rebuilt in 56 villages (7 sub-districts) of Aceh Besar
- 504 Posyandu cadres and 50 village midwives trained
- 20 managers from Aceh Besar's district health office trained

POPULATION-BASED RESULTS

- Moderate child malnutrition decreased from 15% to 3%
- Anemia in pregnancy decreased from 42% to 39%
- Child immunization coverage maintained around 70%

QUOTES FROM PARTICIPANTS

- "...the community did not care about my existence... However, after regularly educating them about immunization (available) to the community, they gradually....accepted me.."
- Village midwives' coordinator, Leupung sub-district
- "My little girl was...under red line in our village, so, I was advised to bring my child to Posyandu to get nutrient training for twelve days, and I also have got some new information about health, hygiene, and nutritious food for children. My little girl was about only 9 kilos before enrolling...and her weight is now 9.5 kilos. There is a progressing (increase of) weight after twelve days join the program. But now, the important thing is that my child likes eating vegetables, chicken soup and fruits."
- A mother, Lhoknga sub-district

CONCLUSIONS

- Children have a lot to offer in ensuring that programs benefit the community and that they are properly designed and implemented.
- Participation of the disaster-affected population (especially children) led to quality improvements in health services after the disaster.
- Children should not be sidelined in recovery and reconstruction programs. Their participation at the beginning of emergency programs builds a strong foundation for continuing children's participation in development programs.