

Sustainability Implementation of Community Program in TB Care Aisyiyah Makassar, Indonesia

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ABSTRACT: This study analyses advocacy activities, communication, social mobilization and rehabilitation of the Community TB Care Aisyiyah program in Makassar. This study uses a qualitative data. The research informants were the coordinator and staff of the Advocacy, Communication and Social Mobilization (ACMS) Community Care TB Aisyiyah program in South Sulawesi. The selection of informants uses a purposive technique. The results show that the advocacy activities carry out by the management of the Community TB Care Aisyiyah, namely lobbying with the executive, legislative and community elements, and encourage the birth of regulations related to TB prevention policies. Communication activities include: interpersonal communication, groups, printed media, mass media and social media: Instagram, Facebook and Website. Social mobilization activities are movements commemorating world TB day. Rehabilitative activities are nutrition for TB patients, provision of transportation funds for TB patients in the category of Multi Drug Resistant and program "Shelter Homes". For sustainability, program managers encourage the rule (executive or legislative) for TB prevention, internalization of programs (internal Aisyiyah, Muhammadiyah) and strengthen collaboration with community elements, especially aspects of program funding, and the establishment and strengthening of TB Care Community.

KEYWORDS: *Advocacy, communication, social mobilization, rehabilitation, health*

I. INTRODUCTION

Tuberculosis (TB) has been around for thousands of years and is still a major global health problem, causing pain for around 10 million people each year and one of the top ten causes of death worldwide (World Health Organization, 2017). TB is an infectious disease caused by *Mycobacterium tuberculosis* which usually infects the lungs but can also affect other body parts. TB spreads through the air. But the chances of developing TB are much higher in HIV-infected individuals, and also in individual risk behavioral factors such as malnutrition, diabetes, smoking, and alcohol consumption. These efforts are carried out through promotive, preventive, curative and rehabilitation activities for individuals or communities [1].

TB cases are still a serious threat in the South Sulawesi Province. Data on the Profile of the South Sulawesi Health Year in 2014 [2] showed that the number of pulmonary TB sufferers in the Province was 9,325 cases, and specifically in Makassar it was 1,952 cases. The number of TB cases in Makassar is the largest in all Regencies and Cities. Therefore, mitigation requires cooperation between the government and community elements.

Communication is relevant as a strategy to support TB controlling, indicated by the inclusion of Advocacy, Communication and Social Mobilization (ACMS) in the World Health Organization (WHO) global TB strategy, formation of ACMS working groups at the STOP TB Partnership movement, increasing number of programs to promote mobilization of affected TB communities, and a large number of national TB programs that receive funding from the Global Fund to carry out AKSM activities [3]. Social mobilization is not only relies on community groups, but needs to recognize local characteristics, including health needs, perceptions, and attitudes [4].

Advocacy aims to increase resources or gain acceptance of political commitment, policy support and social leadership, for program development (McKee et al., 2006 in [5]; decision makers and promote changes in behavior, social norms, policies [6]; utilize the power of achieving common goals [7]. Advocacy for policy design and decision making aims to ensure political, social and legislative support for health problems, while advocating for policy implementation requires intensive efforts to mobilize social forces, individuals and groups for action development [8]. The collaboration between government and NGO is the key for control TB programs

successfully [9]. This study aimed to analyze advocacy activities, communication, social mobilization and rehabilitation of the Community TB Care Aisyiyah program in Makassar. Advocacy aimed to get policy support, strategic partnerships between the private sector and other community elements. The communication was a step to improve the promotion or campaign of TB cases by using. The introduction of the paper should explain the nature of the problem, previous work, purpose, and the contribution of the paper. The contents of each section may be provided to understand easily about the paper.

II. METHOD

This study used a qualitative data. Data were collected through in-depth interviews and documentation studies. Interviews were conducted to find out Advocacy activities, Communication, Social Mobilization and Rehabilitation of the Community TB Care Aisyiyah program in Makassar. Documentation studies were conducted to support and strengthen the research findings. The research informants were program coordinators and staff in the field of Advocacy, Communication and Social Mobilization (ACSM) of the South Sulawesi TB Care Aisyiyah Community program. The selection of research informants was done by purposive technique with the reason to get accurate data and the right source of information.

III. RESULT AND DISCUSSION

3.1 Advocacy Activities

Advocacy activities carried out by the Makassar TB Care Aisyiyah Community Program administrators focused on efforts to request policy commitment and cooperation support both with the Makassar Government (Mayor, Related Offices), Members of the Makassar Representative Council (DPRD) and Non-Governmental Organizations (NGO). This aimed to encourage the birth of Regional Regulations or Mayor Regulations related to TB prevention and increase the TB control budget. Interviews with Community TB Care Aisyiyah (ACMS staff) said that the implementation of program advocacy activities began in 2012 to 2017 with several stages. The first stage was the preparation of a Situation Analysis funded directly by the TB Care Community Center program as a Principal Recipient (SR) based in Jakarta. The results of the situation analysis are made in the form of a Policy Paper that contains recommendations both short and long term to the government both legislative and executive.

Simplified analysis results in the form of Policy Paper are also used as material for the next stage of the preparation of Roadmap for TB control in Makassar. The Roadmap was compiled twice in 2015 and 2016. After the Roadmap was formed, program administrators met with Non-Governmental Organizations (NGO) that focused on issues surrounding TB (Dompethuafa, Indonesian National Nurses Association Makassar, Midwives Association Indonesia and the Indonesian Doctors Association). The purpose of the meeting was to form collaboration and stop TB Forum alliance as a forum to encourage and articulate the importance of regulation (regulation) related to TB prevention. Besides that, the Stop TB Forum is also a forum for lobbying with Governments (mayors) and Legislatives (Regional People's Representatives Council).

The program administrators have tried to carry out advocacy activities with both the Makassar Government executives (Mayor), the Makassar DPRD legislature and Non-Governmental Organizations (NGO) to encourage the birth of policy regulations in the form of TB regulations, but have not succeeded in giving birth to products the policy. Advocacy was carried out by the National Social Mobilization Working Group and the Social Mobilization Working Group in the Nigeria to relevant stakeholders in the state government, including relevant ministries or agencies (Ministry Education, Women's Affairs) before the immunization campaign was conducted aimed at asking for support and cooperation [10]. A new paradigm for sustainable prevention and control of dengue fever involves the general public and stakeholders [11].

3.2 Communication and Social Mobilization

The social communication and mobilization activities carried out by the TB Care Aisyiyah Makassar Community Program administrators in the context of the campaign around TB and its prevention using various media channels include: interpersonal communication, mass communication (television, local newspapers) and social media (Facebook and Instagram). For example commemorating the world TB day in 2016 and 2017, the program administrators invited TB cadres and the general public to carry out a series of activities including: gymnastics, health tests including blood donations and health seminars. The program administrator in collaboration with the Televisi Republik Indonesia (TVRI) station in the Makassar branch covered the campaign activities. The results of the meeting in the form of recommendations on the importance of product policies in the form of Regional Regulations related to TB prevention in Makassar were published through local newspapers.

Related to social mobilization activities, one of the activities that become an annual routine is carried out by program managers, namely the movement or action of 1000 houses carried out in 2017. This activity is still in the framework of commemorating the world TB day in collaboration with the Makassar Government through health workers in Community Health Center. The 1,000-door movement was carried out by TB cadres,

program administrators and health workers who together came down directly "combing" people's homes in each sub-district that had previously been identified as a target activity with a predetermined deadline to found TB patients and community members suspected of having TB. The activity also indirectly helped the government in the health sector primarily related to data synchronization of new TB patients that had been found.

Communication and social mobilization activities include: how the role of nonprofit organizations using social media for advocacy work shows that social media (Twitter) is a powerful communication tool primarily for the approach to "education public" [12]. The most common characteristics of persuasive messages were the main risk, followed by subjective norms and self-efficacy [13], [14]. The mass media campaigns in the context of various risk behaviors can produce positive changes and prevent negative changes related to health [15].

The resource mobilization from international donors, political opportunities and cultural frameworks enabled local Afro Brazilian religious groups to form national networks [16]. The communication can provide significant support for diphtheria immunization programs in Russia [17]. Through a coordinator of local social mobilization and in collaboration with religious leaders, cultural leaders, doctors, teachers and other influential people able to respond effectively to community fear and misconceptions regarding polio vaccination [18].

Social mobilization and communication for behavior change cannot work alone, it needs improvement in public health infrastructure, epidemiological and entomological surveillance, effective clinical management, and emergency preparedness, inter-sectoral coordination [19]. The communication interventions used in immunization campaigns in Nigeria were to inform and educate, the majority targeted community members delivered in various ways such as announcement letters and media mass [20].

3.3 Rehabilitation Activities

The rehabilitation activities that have been carried out by the TB Community Care Aisyiyah Makassar program administrators for TB sufferers include: providing nutrition for TB patients (for example, giving eggs), providing transportation funds for TB patients in the category of Multi Drug Resistant and making programs Stop over ". Especially for the "Shelter House" program in the Makassar Community TB Care Aisyiyah management assisted by the South Sulawesi TB Community Care committee in collaboration with the Makassar Health Office. Patients also do not have a family in Makassar or even though they are far from the location of the hospital, so they need a "halfway house" that functions as a temporary home where the patient and his family are.

In addition, skills training for families of TB patients around the end of 2015 were also carried out by the management of the Community TB Care Aisyiyah program in Makassar. The purpose of these activities is to support the economy of families of TB sufferers because sometimes TB sufferers must stop working so that they affect the family's financial condition. The activity is in collaboration with Makassar Interpreneur (one of the non-governmental organization that focuses on the economy) that directly accompanies the families of sufferers. However, these activities lasted only a few months and were not continuous.

3.4 Program Sustainability

The sustainability of the Makassar TB Care Aisyiyah Community program can be achieved through strengthening, maximizing and collaboration both internal Muhammadiyah organizations as well as externally with community organizations and with the government (executive and legislative).

The first encourages the government (executive and legislative) to give birth to TB control regulations or at least a commitment to increase the TB control budget. Because the TB control budget has been relatively small so far, for example in Makassar, the annual health budget in the Health Office is around 300 million, the budget is relatively large, but the budget covers general health so that if the budget has been allocated to each health sectors then the results relatively small. Given that TB is an infectious disease that spreads germs very quickly through the air so the implication is not only health aspects but also related to social, cultural, economic and environmental aspects.

The second is internalization of programs within Muhammadiyah and strengthening collaboration with social organizations that focus on humanitarian aspects. The management of Muhammadiyah and Aisyiyah of Makassar must seriously strive to promote the sustainability of the program, especially the aspect of funding [21] regarding community-based health programs in Papua New Guinea found that the program increased interaction between communities and the health system, and increased use of health services mother and child. Increased training and involvement of health workers and community groups, community-based resource dissemination can contribute to raising awareness and knowledge about TB in the target area [22] and clinical treatment can be maintained under the Stop TB strategy [23]. The leadership role of community leaders in finding TB patients is to provide motivation [23], [24]. The third is the establishment and strengthening of the TB Care Community (KMP TB). Actually, program managers in several sub-districts that have become work units or program targets have already been formed by TB Community Care Communities and have carried out activities, but have not run optimally. This condition is due to several things including: busy management who

have other jobs. Through this collaboration, funding was channeled to TB patients in the form of nutrition, home surgery (gentengization), distribution of Qurban meat during Eid al-Adha and other activities related to the needs of TB patients.

IV. CONCLUSION

The management of the Aisyiyah Community TB Care program in Makassar has conducted advocacy activities through meetings or lobbies with the executive (Mayor of Makassar), the legislature (Regional Representative Council of Makassar) and community elements (Non-Governmental Organizations) to encourage the birth of policy products in the form of Regional Regulations or Regulations Mayor of TB prevention, but these efforts have not succeeded in giving birth to policy products. Communication activities include: interpersonal communication, groups (counseling, meetings), print media (pamphlets, brochures, leaflets, local newspapers) mass media (local television) and social media: Instagram (aisyiyahpedulituberculosis), Facebook (Aisyiyah Cares for Tuberculosis) and through Website (aisyiyahsulselfeduli.com).

Social mobilization activities are through movements commemorating world TB day. Rehabilitation activities through nutrition, provision of transportation funds, especially for sufferers of the Multi Drug Resistant category and the making of "Shelter Houses". Efforts made by program managers to realize program sustainability include: encouraging the birth of government regulations for TB control, internalization of programs (internal management of Aisyiyah and Muhammadiyah) and strengthening collaboration with community elements, especially funding aspects, and strengthening and maximizing the formation of TB Community Care Communities.

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