Scaling Up NCD Interventions in South East Asia
SUNI-SEA

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Highlight Point

• SUNI-SEA Indonesia
• Results
• Recommendation
SUNI-SEA Indonesia

Selection of Intervention and Control Areas

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

Batang Regency
Surakarta City

Kediri City
Jember Regency
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
Population at Risk

- Workplace Posbindu improve younger male participation
Population at Risk

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Population at Risk

“...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)

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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)
“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: 11.26%
- Given medication: 22.81%
- Advised on lifestyle changes: 20.18%
- Other: 55.63%

### Referral method
- Include SUNISEA referral card: 20.18%
- Verbal referral only: 57.02%
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.