

Most Significant Change (MSC): Community participation in evaluating maternal health promotion in the Community Integrated Health Posts (Posyandu) in Cianjur district, Indonesia



Ralalicia Limato^a, Rukhsana Ahmed^b, Amelia Magdalena^a, Sudirman Nasir^c, Din Syafruddin^a, Fiona Kotvojs^d

a. Eijkman Institute for Molecular Biology, Jakarta, Indonesia; b. Department of Clinical Sciences, Liverpool School of Tropical Medicine, Liverpool, UK; c. Department of Public Health, Hasanuddin University, Makassar, Indonesia; d. Kurrajong Hill Pty Ltd, Narooma, Australia

Health promotion including health counselling is defined activity to be conducted in the community integrated health posts (*Posyandu*) in Indonesia. The *Posyandu* is where majority of pregnant women in rural areas attend for their antenatal care and is the focal point for maternal health promotion held by the community health volunteers (*Posyandu kader*) and the village midwives. However, it is often neglected partly due to limited knowledge and lack of appropriate training of the community health volunteers (*kaders*) working in the *Posyandu*. Thus, opportunities to make pregnant women aware of antenatal, delivery and postnatal problems and the importance health facility

deliveries are missed due to the lack of health promotion activities in the *Posyandu*. To address this, the REACHOUT team conducted a four-day health promotion training for the total 188 *Kaders* and seven village midwives in four villages in Cianjur district to improve their knowledge and skills to deliver maternal health information. The training was directed to deliver health messages to the pregnant women using pictorial aids (counselling cards). Emphasis was given to the two-way communication approach and to negotiate ways to change behaviours and practices towards safe pregnancy, childbirth and postnatal care.



Figure 1 Kader is conducting health promotion to pregnant women in the *Posyandu*

METHODS

The Most Significant Change (MSC) technique was used to assess the implementation of health promotion in *Posyandu* following the training. MSC is a participatory monitoring and evaluation method using stories of beneficiaries to evaluate the success of a program. We interviewed 15 participants consisting of four pregnant women, eight *kaders* and three village midwives. In the interview, we asked the participant to state the most significant change, either positive or negative, they experienced after the *kaders* and village midwives participated in the health promotion training. We obtained written consent from participants to publish their stories and to state their real names in the publication if the story was selected by the Panel. A total of seven people comprised of officials from the district health office and community health centre and REACHOUT senior researchers as program implementers formed a selection Panel. This Panel was divided into two groups (A & B). Group A and B, each read seven and eight stories respectively and shortlisted one significant story and stated the reasons why they chose the story. The two shortlisted stories were discussed among the full Panel and by show of hands vote, one story reflecting the most significant change was selected.

RESULTS

Amongst the 15 stories collected, the Panel selected the story from Ms. Santi, a pregnant woman who routinely visited *Posyandu* for antenatal care. Ms. Santi stated the MSC that following the training was the *Kaders* communicated health information so that she understood the message.



Figure 2 Ms. Santi is reading Maternal and Child Health book

"The most significant change in the Posyandu is the information conveyed by kaders now become more comprehensive. The way kaders deliver the information is now better, making us understand it better. Kaders used to be less knowledgeable. Now, kaders provide more comprehensive and detailed information... I used to ask something to kader, but only Ms. Enok could answer it and the other kaders were unable to answer it. This is maybe because of their limited knowledge. Now, they are able to provide comprehensive information with some examples, and what the pregnant women must do if the labor signs occur. I think the change on how kaders give information is very helpful, because in this village, the community knowledge about health information is still lacking."

Other change she experienced was increased willingness of *Kaders* to listen to her complaints.

"Furthermore, after the kaders received training, I observed kaders are showing more care to posyandu visitors. After the training, kaders are more prepared to answer our complaints." In addition, the implementation of health promotion in the Posyandu benefited the beneficiary financially. "If I consult a private doctor or midwife, I have to pay. Meanwhile, I can get the same knowledge from Posyandu without paying any fee."

All Panel members agreed that this client's perspective indicates the success of the training.

CONCLUSION

The participatory evaluation approach of MSC technique allowed the beneficiaries to have a voice on the changes they experienced or observed in the *Posyandu* after health promotion training. Instead of using predetermined indicators, the MSC used the changes stated by the beneficiaries to assess the successful or the failure of the training program and implementation of health promotion. This approach encouraged all stakeholders to engage with

the raw data rather than simply an analysis report in the process of program evaluation to encourage them to value the perspective of the beneficiaries and to be open to the unexpected changes. The stakeholders plan to expand the trainings to other villages and sub-districts, encouraging local decision-makers to adopt similar health promotion trainings which have potential to improve the sustainability of the program.

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Contact: ralalicia_5to@yahoo.com

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