

Understanding the implementation  
of community case management of  
childhood illness in Indonesia:  
families' and primary health care  
workers' perspectives

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the degree of**

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# Certificate of original authorship

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I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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## Pictures from the Field

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I was pictured doing a home visit with a PHCW to assess a newborn



I observed the assessment of a newborn by a PHCW in the family home





I am pictured outside a community health centre (*Puskesmas*)



PHCWs training





Roads in villages were muddy when wet



Some villages were separated by rivers and straits

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## List of Abbreviations

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|                  |   |
|------------------|---|
| BASICS           | Basic Support for Institutionalizing Child Survival   |
| BOK              | <i>Biaya Operasional Kesehatan</i> (Operational Health Funding)                               |
| CCM              | Community Case Management   |
| CHW              | Community Health Worker   |
| C-IMCI           | Community Integrated Management of Childhood Illness  |
| CKMC             | Community Kangaroo Mother Care  |
| DTPS             | District Team Problem Solving   |
| FGD              | Focus Group Discussion  |
| HIC              | High Income Country   |
| HREC             | Human Research Ethics Committee   |
| ICN              | International Council of Nurses   |
| ID               | Interpretive Description  |
| IMCI             | Integrated Management of Childhood Illness  |
| IMR              | Infant Mortality Rate   |
| IPKKI            | Ikatan Perawat Kesehatan Komunitas Indonesia (Indonesian Community Health Nurses Association) |
| IPNC             | Integrated Postnatal Care   |
| <i>Jamkesda</i>  | <i>Jaminan Kesehatan Daerah</i> (Local Health Insurance)                                      |
| <i>Jamkesmas</i> | <i>Jaminan Kesehatan Masyarakat</i> (Community Health Insurance)                              |
| JHPIEGO          | A non-government organisation affiliated to John Hopkins University                           |
| JSI              | John Snow Institute   |
| KMC              | Kangaroo Mother Care  |
| LMIC             | Low and Middle Income Country   |
| MAWG             | Multi Agency Working Group  |

|                  |  |
|------------------|--|
| MCH              | Maternal and Child Health  |
| MCHIP            | Maternal and Child Health Integrated Program   |
| MDG              | Millennium Development Goal  |
| MNCH             | Maternal Neonatal and Child Health   |
| NGO              | Non-Governmental Organisation  |
| PHC              | Primary Health Care  |
| PHCW             | Primary Health Care Worker   |
| <i>Posyandu</i>  | <i>Pos Pelayanan Terpadu</i> (Integrated Health Clinic)                              |
| PPNI             | <i>Persatuan Perawat Nasional Indonesia</i> (Indonesian National Nurses Association) |
| <i>Puskesmas</i> | <i>Pusat Kesehatan Masyarakat</i> (Community Health Centre)                          |
| RDT              | Rapid Diagnostic Test  |
| RUTF             | Ready-to-Use Therapeutic Foods   |
| SBMR             | Standard-Based Management and Recognition  |
| SIPP             | <i>Surat Izin Praktek Perawat</i> (the permission letter for nursing practice)       |
| UI               | <i>Universitas Indonesia</i> (University of Indonesia)                               |
| UN               | United Nations   |
| UNICEF           | The United Nations Children's Fund   |
| USAID            | United States Agency for International Development                                   |
| UTS              | University of Technology Sydney  |
| WHO              | World Health Organization  |



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## Abstract

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Indonesia is striving to achieve the Millennium Development Goal 4 target of less than 23 infant deaths per 1000 live births by 2015. In order to reach this target, a community case management (CCM) model, was introduced by the American funded Maternal and Child Health Integrated Program (MCHIP) and the Indonesian Ministry of Health (MoH) in 2011. Little is known about how CCM has been delivered and there is no research that examines the factors that contribute to the successful implementation of CCM in Indonesia. The aim of this research was to gain insight into how CCM was implemented in the Kutai Timur district, East Kalimantan, Indonesia from the perspective of primary health care workers (PHCWs): community nurses, midwives and community health workers; and from the families who received care.

Interpretive description was used to gain insight into participants' perceptions and experiences. This method allowed me to generate knowledge about the implementation of CCM and to gain an understanding of the experience of the participants involved and the impact on health and health care practice. Data were collected following PHCWs training and the initial phase of implementation. Interviews were conducted with six key informants from MCHIP, MoH, the district health office and *Puskesmas* (community health centres), three program supervisors, 15 PHCWs and seven mothers. PHCWs were observed while delivering interventions to families. One focus group discussion was conducted with PHCWs and documents related to the CCM implementation were analysed.

Five main themes emerged: improved family wellbeing; enhanced PHCWs' practice; barriers to CCM implementation; enablers of CCM implementation; and cultural influences. It was reported that families' access to care improved, along with the family's satisfaction of care, compliance with care plans and health literacy. In addition, it was found that the program had increased PHCWs' family and child health knowledge and professional confidence to deliver evidenced-based practice, in conjunction with improved clinical reasoning and more structured clinical intervention.

Despite the reported success of the CCM program, a number of barriers and concerns highlight the need for programs to be better tailored to the socio-cultural context. An integrated model of community child health delivery that emphasises the importance of health system strengthening; the improved alignment of child health programs with maternal, newborn and reproductive programs; PHCWs support; and community participation is proposed. This model can be used to guide the implementation of community case management models in the rural Indonesian context.