

## SPECIAL ARTICLE

## Cooperation Between Health Programmers and Health Professionals : A CDD Experience

by

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### Introduction

Just like many other health programmes, the success of the Control of Diarrhoeal Diseases (CDD) programme has to rely on the cooperation and coordination with other health programmes or non-health programmes. This cooperation is usually referred to as a cross programme or a cross sectoral activities. The CDD programme in Indonesia is managed by the Subdirectorate of Diarrhoea under the Directorate General for Communicable Disease Control and Environmental Health. According to the Decree of the Minister of Health No. 558 of 1984 the Subdirectorate of Diarrhoea is designed to plan, implement and evaluate CDD programme. Diarrhoea is still considered to be a major public health problem due to its high mortality and morbidity.

The objective of the CDD programme in Indonesia is to decrease the mortality and morbidity of diarrhoea. Around 60% to 70% of incidence of diarrhoea and 80% of diarrhoea deaths occurred among children under the age of five years therefore this age group becomes the main target population of the CDD programme.

The strategy of the CDD programme is to decrease the diarrhoeal mortality through effective case management and to

decrease diarrhoeal morbidity through prevention activities. The effective case management is encouraged to be implemented in the community or households as well as in the health facilities.

To conduct effective case management in health facilities (hospitals and health centers or Puskesmas), the health professionals - doctors and nurses - must be well-trained. The referral system is organized in such a way so that the severely dehydrated diarrhoea, persistent diarrhoea and complicated diarrhoea cases are treated in hospitals where paediatricians are available. As the main target population of the CDD programme are children under the age of five years the role of paediatricians in CDD programme is very important.

Cooperation between CDD programme and health professionals (in this case : paediatricians) is done through several channels i.e through medical schools and through the Indonesian Pediatric Association (IDAI). So far, it has been proven that the cooperation between the CDD programme and the paediatricians is very good and it leads to the success of the programme.

### *BKGAI and IDAI*

Thanks to Professor DR. Sulianti Saroso and the late Professor Dr. Soetedjo, the cooperation between the CDD programme and medical schools started in 1974 when the CDD programme (previously called the Cholera and Gastroenteritis Control Programme) and the University of Indonesia Medical School organized the First National Seminar on Rehydration.

During the seminar, ORS or oralit - then newly invented - was introduced to the participants and Ringer Lactate solution was recommended to be widely used as an I.V. single solution. After this seminar it was felt that an agency which coordinate the activities of clinicians and other interested scientists in the field of paediatric gastroenterology was needed. To fulfill this, the Indonesian Pediatric Gastroenterology Board (BKGAI) was then established. Every 2 years this board conducts scientific meetings on paediatric gastroenterology.

The members of this board consist of those from the CDD programme (central or local) and clinicians and or other in-

### *The CDD Working Group*

For prevention activities, the cross programme and cross sectoral strategy appear to be more important. Five preventive measures have been adopted by the CDD programme to be implemented i.e. promotion of breastfeeding, improved weaning practices, provision of safe water, improvement of hygiene and sanitation and measles immunization. These prevention activities are under the jurisdiction of other health programmes beyond the CDD such as: nutrition programme, safe water programme, environmental health programme and immunization programme.

### *The CDD Medical Education Curriculum*

To have competent health workers in practicing effective case management in health facilities, the CDD programme has been

interested scientists. The establishment of BKGAI can be regarded as one of so many tokens of good cooperation between the CDD programme and paediatricians. Beside conducting scientific meetings, BKGAI coordinate also research works on paediatric gastroenterology. BKGAI has also brought the cooperation between IDAI and the CDD programme closer, as many activists of BKGAI are also members of the IDAI (Indonesian Pediatrics Association) Central Board.

The role of BKGAI and IDAI is very important in disseminating the information on the relatively "new" effective case management among clinicians particularly paediatricians. As it is known, after the invention of ORS, there are some drastic changes in the diarrhoeal case management such as: the use of oral rehydration solution, the avoidance of fasting or feeding withdrawal, rational use of antibiotics. It seems that these drastic changes have not been very easily accepted by some clinicians.

To coordinate so many supporting programmes which relates to case management and prevention activities a Diarrhoea Working Group has been established. This working group consists of officials from various health programmes as well as clinicians from the universities. The clinicians are also members of the CDD Technical Subworking Group. This subworking group discusses and formulates many clinical aspect policies parallel to the progress of science and technology. Another subworking group relates to communication activities.

conducting clinical trainings for a long time. However, there is a problem because of the high turn - over among health workers - especially doctors - in health

centers. To solve this problem a committee on the CDD Medical Education Curriculum was installed in 1988. This committee consists of the CDD programme manager and representatives of paediatrics lecturers.

The objective of the activities of the committee is the inclusion of the CDD to the curriculum of the medical schools. The material of the CDD curriculum was

### *Training*

To support the CDD programme, as models, in 8 provinces Diarrhoea Training Units (DTU) have been established. The DTU's are located in the Paediatric Division of the respective teaching hospital.

Case management, health education activities and training for doctors and nurses

### *Dissemination of Information*

The cooperation between the CDD programme with the School of Medicine, Gadjah Mada University has lead to the establishment of the Yogyakarta Diarrhoea Information Center. The initial activities of the center has been sponsored by USAID. Gadjah Mada University was chosen because of the offer from the university to use the available infra structure including personnel and space of the medical school library as the site of the center. The purpose of the center is to gather all informa-

### *Evaluation*

Evaluation of the programme is one of the process of the implementation of the programme. Annual evaluation is done by the national team, whereas mid term

### *Conclusions*

As in many community development programmes there are three parties which are *indispensable* from the success of the programme i.e. the government, the professionals and the NGO or private agen-

developed by WHO-PRITECH and adapted by the committee with the assistance of senior paediatricians from 8 universities. The curriculum at present has been applied in the eight government owned universities, and in the near future in all medical schools. Hopefully, all new graduate doctors will be implementing the CDD programme according to the national policies.

are held in these DTU's. By doing this the trainees can be exposed to various diarrhoea cases and get first hand information from outstanding clinicians. All of this can be done because of the good cooperation between the CDD programme and the professionals.

tion about diarrhoea (research, training as well as programme) and to disseminate the information to the parts concerned.

A bulletin called "Warta Diare" is published bimonthly by the CDD programme in cooperation with Indonesian Medical Association (IDI). The editorial board of the bulletin consists of CDD programme officials and health professionals. Some articles are also contributed by the clinicians especially on diarrhoeal clinical aspects.

evaluation is done by the national and international team. Mid term evaluation of the CDD programme was done in 1986. The team consisted of professionals among others paediatricians.

cies. In the case of CDD the three parties or tripartite are (1) the national CDD programme, (2) universities and (3) IDI, IDAI, BKGAI and other professional organizations.

## REFERENCES

1. Directorate General of CDC & EH: "*Guidelines of CDD Research Works*" Jakarta, 1988 (in Indonesian).
2. Directorate General of CDC & EH: "*Policies of CDD Programme in the Fifth Five Year Development Plan*", Jakarta, 1989 (in Indonesian).
3. Directorate General of CDC & EH and Department of Child Health, Medical School of Udayana University: "*Workshop in First Stage Evaluation and Improvement of MEDIAC Implementation, Ubud, 31 August - 2 September 1989*" (in Indonesian).
4. Ministry of Health, Republic of Indonesia: "*Diarrhoea, its problems and control*", Jakarta, 1975 (in Indonesian).
5. PRITECH/WHO, Medical Education Project Draft: "*Medical Education for Diarrhoea Control*", Vol I, April 1988.
6. Sutoto: "*Development of Oral Rehydration Treatment Activities: As a basis of CDD Programme*". Proceedings of the 11<sup>th</sup> Regular Scientific Meeting of Indonesian Pediatrics Gastroenterology Board (BKGAI), Jakarta, 1989 (in Indonesian).
7. "*Warta Diare*" No.: 1, I, 1987: "*CDD Programme Policies*" (in Indonesian).
8. World Health Organization: "*Diarrhoea Training Unit Director's Guide and Teaching Materials*", 1988.
9. World Health Organization, South East Asian Region: "*Review of the Programme for the Control of Diarrhoeal Diseases and the Expanded Programme on Immunization, Indonesia*", Report of the Joint Government of Indonesia/UNICEF/USAID/WHO, 24 November - 13 December 1986.
10. Yogyakarta Diarrhoea Information Center: "*Diarrhoea Information Center Activity Report*", June 1989.