

# Empowering Tuberculosis-Responsive Village Governments: an Action Research Approach

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## ABSTRACT

Through Presidential Regulation No. 67/2021 on Tuberculosis Control, the Government of Indonesia has announced the urgency of an integrative approach to handling TBC diseases, including at the village level. Nonetheless, there are still bottlenecks in the implementation as not all stakeholders know their tasks and responsibility. To this day, TBC has been a domain of the Ministry of Health. It is decentralized up to provincial, regency, and sub-district levels through Community Health Services (*Pusat Kesehatan Masyarakat* or *Puskemas*). In fact, inadequacy can still be found in policy strategies—resulting in the TBC bearers being undetected, unreported, and unthreatened, which leads to persistently high TBC cases, including at the village level. Thus, it becomes necessary to push a broader role of village government considering their adjacency to society. The village government's involvement in tracing, testing, and treatment strategy is necessary to facilitate community participation in TB prevention and control activities. This paper is based on action research focusing on strengthening village governance's role in handling TBC prevention and control. Following a series of research to collect information regarding the needs and complexities of TB governance at the village level, the mission was followed with national-level advocacy. This was conducted to encourage further accommodating the village government's role in contributing to TB prevention and control to the Ministry of Village, Disadvantaged Regions, and Transmigration. Despite its ongoing processes, this paper has identified strengths and weaknesses during the advocacy processes, which are expected to be considered in a future mission.

**Keywords:** TBC Prevention and Control, Community Participation, Village Government, and TBC Governance.

## 1 Introduction

Followed by India and China, Indonesia has been ranked the 3<sup>rd</sup> highest TB (Tuberculosis) cases globally. As the Ministry of Health noted, the 2021 Global TB Report has informed that Indonesia has estimated 824,000 TB cases. However, only 393,323 (48%) of the TB patients have been promptly identified, treated, and reported to the national information system. About 52% of TB cases remain unidentified or identified but have not been reported or treated. In 2022, data as of September identified that TB detection and treatment coverage are still at 39% (compared to one year target of 90%), and the success rate for TB treatment is 74% (compared to a target of 90%). According to the statements above, TB may transmit into a wider area or cause Multi-Drug Resistant (TB MDR) if not treated optimally.

Based on the Ministry of Health, as per the 2019 calculation, TB and TB MDR cause a loss of 136,7 billion rupiahs annually. For families, TB and TB MDR can cause the loss of income up to 38% and 70%, respectively. The loss of jobs due to TB and TB MDR in high-rate TB cases countries like Indonesia is 26% and 53%, respectively. Considering that TB indistinguishably equals economic loss, taking a quick step to minimize the impact is essential.

Indonesia's government has attempted to push TB eradication by issuing a series of regulations on a national scale. There has been National Strategy for TB Elimination 2020-2024 and a Collaborative TB-



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HIV National Action Plan 2015-2019 as parts of the national government's effort to regulate TB eradication processes. Despite the ongoing status, it was not yet effectively tackling TB's vast incidents, indicated by the remaining rate of cases up to the village level. Moreover, with the explosion of Covid-19 cases, this mission to eradicate TB was also impacted, causing the TB cases to be handled slower.

The President of the Republic of Indonesia has released a Decree pushing a more effective system to diminish TB cases through Presidential Regulation No. 67/2021 regarding Tuberculosis Control which announced the urgency of an integrative approach in handling TBC diseases, including at the village-level. Through the decree, the government also targeted TB eradication attainment by 2030, which will be done by reducing TB's incidence to 65 per 100,000 population, TB death rate up to 6 per 100,000 population, also zero incident and death rate by 2050.

One of the decree's strengths is its comprehensive explanation of the process of TB treatment, which asserts the involvement of multi-stakeholders encompassing government at all levels (national, province, district, and village), private sectors, non-government, academic institutions, and civil society, including those in village level. So far, TB treatment has been set mainly as the Ministry of Health's domain and decentralized up to provincial, regency, and sub-district levels through the Office of Health (*Dinas Kesehatan* or *Dinkes*) and Community Health Services (*Pusat Kesehatan Masyarakat* or *Puskesmas*). The decree's highlight upon village government is quite interesting as it is relevant to the current situations where TB elimination relies highly on the role of society, including the adjacency at the village level.

Although the decree has been illuminating the process, targets, and mechanism of the TB elimination system, there are still bottlenecks in implementation. A year after the decree was issued, not all stakeholders were aware of their tasks and responsibilities, including those related to village entities. In fact, inadequacy can still be found in policy strategies—resulting in the TBC bearers being undetected, unreported, and unthreatened, which leads to persistently high TBC cases, including at the village level. Thus, considering the policy facilitates village government to play a stronger role in TB eradication, it becomes urgent to push the interrelated government to fasten the response, which leads to expediting the target of TB eradication accomplishment. This has also become the reason why it is essential to push the broader role of village governance, considering their adjacency to society. Finally, the involvement of the village government is necessary to facilitate community participation in TBC prevention and activities through tracing, testing, and treatment strategy.

This paper reflects on policy advocacy conducted to encourage the interrelated stakeholders, including the Ministry of Village, Underprivileged Regions, and Transmigration (shortened as Ministry of Village) and the other interrelated institutions to facilitate the further involvement of the village government in TB elimination. By applying Action Research as the advocacy methodology, this paper highlights the cruciality of the academic approach's adoption in advocating the policies. The advocacy is initiated by Pattiro Semarang, a non-government organization (NGO) focusing on budgeting reform, and is supported by the Faculty of Political and Social Sciences Universitas Diponegoro (FISIP Undip), with financial support from the Stop Tuberculosis Partnership Indonesia (STPI).

## 2 Research Methodology

The project prevailed action research as a methodology to advocate policy—which can be defined as a participatory and democratic process about the development of practical erudition aiming to be a good human being, based on a participatory worldview which we believe emerged during this moment. The aim is to simultaneously, theoretically and practically, act and reflect while participating with others to gain practical solutions to issues urging people's concern or generally the development of individuals and their

communities (Reason & Bradbury, 2001) [1]. It means that the methodology used in this project determines the advocacy's success or failure as it will determine the interrelated stakeholders' support.

In this particular project, action research was applied through the following component. The first step is the data collection methods to give the correct answer on problems related to TB and TB governance at the village level, which is done through desk research, in-depth interviews, and Focused Group Discussion (FGD). All collected data were then analyzed and formulated as a solid argument as the advocacy's material. The argument formulation aims to convince the interrelated stakeholders regarding the issues' urgency along with the strategies that might be applicable. The second step is the advocacy itself, conducted by approaching interrelated stakeholders to gather and ensure the exact comprehension regarding the problems or visions towards the most suitable solution to the problem. The methodology can be described sequentially as follows.

- a) An initial step is done by desk research on all policy documents and academic publications considered relevant to TB Elimination and Governance issues.
- b) In-depth interviews with relevant stakeholders as the second step, including interviews with TB patients, village governments, community health centers, health offices in districts and provinces, health practitioners, the Ministry of Domestic Affairs, Ministry of Health, Ministry of Village, and Coordinating Ministry of People and Culture Development.
- c) Policy Brief and Policy Options Production was formulated based on the result of the desk research and in-depth interviews.
- d) Focused Group Discussions with all the relevant stakeholders, Interrelated Ministries, and Presidential Staff Office to encourage policy adoption, village head associations, and TB patients' associations.

In detail, there are more than 30 documents to review, consisting of regulatory products, media news reports, and research reports, and 18 stakeholders met for interviews and 39 participants of FGDs in total. The data collection and analysis were conducted from September 2021 to March 2022.

### **3 Theory**

Policy advocacy is an inseparable part of policymaking. This is how the community strives to pursue its significance in public policy. This then explains why the term advocacy is frequently linked with justice. According to Fox (2001), three understandings can be connected with advocacy [2]. Firstly, the term "advocacy" is not only identical to the legal defense of individuals or groups. Instead, it is deeply related to the defense of entire groups of citizens' interests, including the marginalized or disadvantaged ones. Secondly, "advocacy" is identical to transformation, which means people endeavored to change the rules of things that disadvantaged them to be equal. Thirdly, "advocacy" includes all strategies to challenge the happening status quo and against the abuses of power for the sake of the community's state of affairs. The government, whether the executive, legislative or judicial bodies, is the target of advocacy campaigns. Approaches applied in advocacy include public education, social mobilization, and direct lobbying. Advocacy campaigns accentuate their nonideological characteristic due to their short-term result oriented, as to change laws or budgets or to push for effective implementation.

Albert et al. (2021), based on their advocacy for child health protection, have reflected crucial aspects of the advocacy array, which can be summarized in Table 1 below [3].

**Table 1:** *Factors Likely to Facilitate or Impede Policy Advocacy Episode Progress*

<b>Domain</b>	<b>Facilitating/Impeding Factors</b>	<b>Definition</b>	<b>Citations</b>
<b>Policy or regulatory context</b>	Political climate	External political factors, such as party dominance in the legislature, can interact with advocacy efforts and can impact advocates' ability to contribute to policy change	Ferrer (2002)
	Fiscal Climate	Fiscal contexts, such as state budgets or available funding, can augment or thwart advocates' ability to contribute to policy change	Ferrer (2002)
	Presence of previous progress	Policy advocacy efforts often involve or even require, incremental progress over time. When advocacy efforts that lack a foundation of previous progress flounder, they can become efforts upon which future advocacy episodes can build	Teles & Schmitt (2011)
	Presence of support from policymakers/decision-makers	Policymakers' willingness to support advocates' efforts, the type of support available, and policymakers' perception of advocates' efforts as viable can all impact advocates' ability to contribute to change	Ferrer (2002)
	Presence of opposition	Opposition from other stakeholders, such as industry representatives, policymakers in opposition, or opposition from members of the public advocating against the policy change, can affect a campaign's ability to make progress	Center for Public Program Evaluation (2011), Klugman (2011), Ferrer (2002)
	State/local culture and attitudes	The social norms and cultural attitudes of the state or locality seeking policy change also are among the factors that can impact policy change efforts—for example, by determining the feasibility of certain types of policy change	Calancie et al. (2015), Pitts et al. (2013)
<b>Policy issues and options</b>	Window of opportunity/timing	A policy issue may appear on policymakers' agenda as a viable option if the timing is right and a policy window opens or if advocates can take advantage of favorable timing	Kingdon (1984)
	Appeal, clarity, and visibility of policy issue	Some policy issues can be more contentious or have a more challenging state or local history than others; by contrast, there can be broad areas of agreement about the importance of developing policy to address specific issues	Osmond (2010)

Domain	Facilitating/Impeding Factors	Definition	Citations
	Availability and strength of options to address policy issues	The degree to which there are viable options to address the policy issue. Policy problems with proposed solutions are more likely to be addressed, while policy problems with no proposed solutions are more likely to founder	Osmond (2010), Kingdon (1984)
<b>Grantee or lead organization</b>	Presence of previous experience with policy area and policy advocacy	Previous experience and type of previous experience with policy advocacy or with the policy area, especially among core coalition members, can affect policy change	Osmond, (2010), Roussos & Fawcett (2000)
	Embeddedness in a pertinent policy context and with stakeholders	Collaboration with key stakeholders and the development of advocates' ability to contribute to policy change	Center for Public Program Evaluation (2011), relationships in the state or local policy context can impact Hsu et al. (2009), Koebele (2019)
	Identification of obstacles to success	The success of advocacy efforts is influenced both by advocates' response to impediments as they arise throughout the campaign and also by advocates' ability to anticipate possible impediments	Coates & David (2002), Louie & Guthrie (2007), World Health Organization (2006)
	Lead organization flexibility or opportunism	The extent to which lead advocacy organizations can adapt and learn, and take advantage of opportunities as they arise, can impact their ability to contribute to policy change	Patton (2008)
	Presence of additional funding for the advocacy episode	The presence or absence of additional funding for the campaign as it develops can impact advocacy campaign success	Patton (2008)
<b>Coalition/partnership capacity</b>	Range and number of partners	Coalitions with diverse and/or large memberships may have a greater capacity to work together for change than small or homogenous coalitions	Foster-Fishman et al. (2001), Osmond (2010)
	Cohesiveness/unity	Advocacy coalitions that collaborate using open and frequent advocates working independently without a coalition structure may have a greater capacity to contribute to advocacy campaign progress	Foster-Fishman et al. (2001), Center for Public Communication and shared decision-making, versus Program

Domain	Facilitating/Impeding Factors	Definition	Citations
			Evaluation (2011)
	Presence of grassroots organizations	Advocates that effectively engage broad, diverse grassroots support as part of their advocacy coalitions may have a greater capacity to contribute to policy change	Freudenberg et al. (2009), Klugman (2011)
	Coalition flexibility	The extent to which advocacy coalitions' can adapt and learn throughout their campaigns can affect their ability to contribute to policy change	Klugman (2011), Teles & Schmitt (2011)
<b>Advocacy campaign activities</b>	The presence of grassroots/residents marshaling <sup>a</sup>	The degree to which advocacy campaigns work to organize individuals or groups affected by the policy issue can impact advocates' ability to contribute to policy change	Developed during the VOICES evaluation
	Presence of marshaling other advocates and advocacy organizations <sup>a</sup>	The degree to which advocates work to mobilize other advocates and advocacy organizations can have consequences for their ability to contribute to policy change	Developed during the VOICES evaluation
	Presence of relationship building with policymakers/decision-makers	The degree to which advocates work to engage with government institutions can affect their ability to contribute to policy change	Freudenberg et al. (2009), Klugman (2011)
	Timing and effectiveness of planning	The degree to which advocacy campaigns plan in advance in a timely and efficacious way can affect their ability to contribute to policy change	Gretchen Swanson Center for Nutrition (2016)
	Utilization of data and research	The degree to which advocates access and use relevant and up-to-date research and data can affect their ability to contribute to policy change	Patton (2008)
<b>Technical Assistance</b>	Availability	The availability of technical assistance when needed can affect advocates' ability to contribute to policy change	Developed during the VOICES evaluation
	Pertinence to policy issue and context <sup>a</sup>	The degree to which technical assistance is relevant to the advocacy campaign's goals and context can affect advocates' ability to contribute to policy change	Developed during the VOICES evaluation
	The extent of information from other campaigns	The degree to which technical assistance includes the exchange of pertinent information, such as advocacy tactics, state or local context, or regarding likely opposition from other advocacy campaigns	Developed during the VOICES evaluation

<sup>a</sup> Indicates factor developed during the VOICES evaluation.

The explanation of Table 1, as also applied in this research, is as follows. Firstly, policy context is crucial for advocacy as it identifies the political and fiscal climates that evoke both advocacy's easiness and difficulties. We can also trace the previous or happening progress through policy context analysis. This will also be the starting point of our advocacy and the presence of opposition that might constrain the advocacy campaigns and socio-culture, impacting how policies are accepted and put into reality.

After that, identifying policy issues and options is conducted through regulatory scrutiny, as the purpose is to identify opportunities and constraints within the existing policies to set strategies and approaches for advocacy campaigns. This will lead to the next step, which is the lead organization's review needed to comprehend policy direction and the other technical supports, like budgeting and coordination. In addition, stakeholder mapping is necessary to trace supports and challenges from those influenced and possibly affected by the policies.

It is also essential to ensure the campaign gains sufficient support through coalition and partnership. It will ease the identification and collection of common interests that can be directed to strengthen collective action to achieve the collective goal, which is to bolster the process of change-making in policies. If it succeeds, we can identify campaign activities, which are started by designing effective campaign planning, timing, and targets.

Lastly, we may prepare technical matters, which might influence the success of each activity that composes the campaigns as a whole. This might include information dissemination, coordination, and timing. Policy context's consideration will ease the preparation of the advocacy's technicality.

In addition to policy issues, context, actors, partnerships, activities, and technicalities, it is crucial to define advocacy methodology as a clear and robust helpful methodology for effective advocacy. While Fox (2001) identifies advocacy strategy with public education, social mobilization, and lobbying, a methodology discusses how the system's consideration is developed and broken down into strategies and activities of an advocacy campaign [2]. Yet, a methodology is overlooked in the academic scheme, and scholars tend to focus more on activities. Meanwhile, the methodology will take part in determining the effectiveness of campaigns. By applying the correct methodology, activists are enabled to develop the campaigns' theory of change so that they can trace the policy context (which informs foundational thinking or reasoning of policy), holes (which opens up opportunities for policy windows), actors (which helps categorize pros and cons' positioning of parties which we deal with), strategies (which kind of approach to be applied to different context and relevance) and activities (each step that forms strategy). Action research is one of the crucial methodologies in policy advocacy as it allows activists to base their arguments on scientific evidence, which can be capitalized as bargaining power in policy discussions and negotiations. Action research allows activists to inform policymakers regarding problems based on data rather than assumptions (as policymakers used to avoid responding to policy activists or advocates).

#### **4 Results and Discussion**

As explained earlier, the action research divided the advocacy works into two significant components: data collection and advocacy. In this research, data collection is meant to collect information and data about problems related to TB and TB elimination at the village level, including those involving TB patients and survivors' associations.

Based on research findings, problems of TB elimination and governance at the village level can be illustrated as follows. Firstly, it is the high rate of TB-positive at the village level. Most visited villages can identify the case in Java and outer Java. This is also depicted in how in one of Central Java's sub-districts, among 14 villages being studied, all are listed to have TB cases, ranging from 3, 4, 10, and even 15. This explains that there are a lot of villages that are still restrained from TB. Based on our discussion with one of the health

officers in *Puskesmas* (Community Health Centre), cases that appeared before Covid-19 are handled relatively well as they actively trace, track, test, and treat the TB bearers. The instruction from the district's health office on handling TB cases to reduce the rate encouraged the *Puskesmas* to manage its organization to have a particular division that would be responsible for TB eradication. Unfortunately, as the Covid-19 pandemic began to emerge, the activities related to TB treatment ceased as all people involved and *Puskesmas's* financial resources were deployed to tackle the pandemic.

Secondly, it is estimated that the undetected number of TB cases is high due to the lack of activities related to TB treatment following Covid-19 in *Puskesmas*. Based on the discussion with the village's cadre in one of the villages in Central Java, it is mentioned that cadre(s) are the backbones of *Puskesmas* to trace and track the incidents related to TB cases. However, due to the pandemic, cadres did not periodically visit their neighborhood's surroundings. In addition, there are some cases where financial support for cadres to conduct TB tracing and tracking has been withdrawn from donors due to the TB-related project termination. However, in many villages, cadres were still willing to do their jobs regardless of the presence of the project itself. Nevertheless, these factors caused the lowering of coordination between *Puskesmas* and the cadres, which is believed to be the increased possibility of undetected incidents.

Thirdly, based on discussions with TB patients, there are still problems of support for patients and their families to secure their economy due to leaving during treatment. It is known that the national government has covered the treatment necessities, yet it does not cover the following impacts of joblessness during the treatment periods.

Fourthly, despite the severe problems of TB, society's knowledge level is still lacking, especially at the village level, including the village government. Amongst the village government being interviewed, not all of them have a good understanding of TB, which means that challenges to push further roles of village government must be approached from the fundamental aspect.

Lastly, despite the vast and varied problems in the village community, policy support that encourages the better role of the village government is still considered weak. Meanwhile, the space for policy implementation is getting broader and more accessible.

Hence, it has become urgent to encourage a prompt response considering the above situations. As the second step of the action research, advocacy was conducted based on data collected from fieldwork. All the relevant information gathered from the field was used to construct arguments to convince the interrelated ministries to produce a policy that firmly stated their support for village governments to have room for implementation. Therefore, the research continued to identify the alternative way to encourage a better role of village government, such as:

- To encourage the Ministry of Village to accommodate the Presidential Decree
- To encourage the Ministry of Health to facilitate inquiries of the Ministry of Village to accommodate the Presidential Decree
- To encourage the Executive Office of the President to coordinate across ministries as to how they are willing to accommodate the Presidential Decree
- Once the Ministry of Village Regulation accommodates the Presidential Decree in its annual regulation, the prominent strategy is to encourage them to prepare the steps to enable village governments to respond to TB cases in their respective areas based on their respective authorities.

The advocacy campaigns were conducted through a series of meetings to conduct discussions to develop a same-shared understanding and urgency of responding to TB cases at the village level. The steps were complicated, as some bottlenecks were identified during the discussions. It was revealed that the interrelated ministries tend to respond to the issue incomprehensively. It was shown in the first attempt to push policy



accommodation in the Ministry of Village that was rejected by arguing that TB was already included in village SDGs. In fact, village governments cannot use village SDGs as a reference for allocating village funds to support TB eradication. A consistent approach, strengthened by the mobilization of support from the Presidential Staff Office, finally resulted in the Ministry of Village's candor to issue umbrella regulation of Village Funds for accommodating TB eradication. This is shown per the village's scope of work, based on Law No. 6/2014. Permendesa No. 8/2022, on the guidelines of the village funds allocation, has finally included TB elimination as part of items that can be funded by the village funds to speed up the TB's zero target achievement by 2050, as mandated in Presidential Regulation No. 67/2021.

## **5 Conclusions**

Based on the statements above, advocating TB eradication is crucial, including through the village government, considering the severe problems of TB cases at the village level. In conducting advocacy campaigns, it is essential to consider the methodology to support campaign effectiveness thoroughly. Action research is crucial for advocacy as it allows us to construct strong arguments based on academic research to identify policy problems. The robust data collection and analysis methodology can also ease the identification of strategies for pushing further policy change in a government institution. Good data is helpful in advocacy since it reduces the possibility of the interrelated institutions rebutting problems identified in field research, let alone if the national government's regulation already recognizes it as one of the national policy problems.

## **6 Declarations**

### **6.1 Acknowledgments**

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### **6.3 Competing Interests**

There is no competing interest in this research's publication.

### **6.4 Informed Consent**

This research is based on the participant's willingness to be published in academic work.

### **6.5 Publisher's Note**

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