POLICY BRIEF

Improving the health and wellbeing of rural communities in South Sulawesi

Findings

Lack of diverse food and nutrition, low levels of support for people with disabilities and increasing demand for mental health services are major factors affecting the vulnerability of poor rural households in South Sulawesi.

The government has two programs to address rural vulnerability: the Non-Cash Food Program or Bantuan Pangan Non-Tunai (BPNT) and the Village Fund Program (or Dana Desa). While both programs have been successful in reducing poverty and increasing access to early childhood education, the fund can be extended to address food security and quality healthcare services.

Activating BPNT in Barru and Pangkep – like the successful implementation in Maros – can improve diets by giving households a choice to exchange e-vouchers for more nutritional food groups other than rice.

Dana Desa funds can be used to enhance the quality of healthcare and social services for people with disabilities (PWD) and tackle mental health issues affecting specifically the PWD community and women suffering from mental health issues related to pregnancy and birthing such as postnatal depression.

Introduction

This study investigates the health, social and economic well-being of local communities in South Sulawesi's three districts - Maros, Pangkep and Barru. This policy brief focuses on three issues: food and nutrition insecurity, services for PWD and quality mental health services.

In understanding the three issues, we examined dietary diversity and contribution of existing government programs, such as the role of BPNT in improving household diets. We compared BPNT to the effectiveness of Indonesia's rice for the poor program (originally named Raskin in 1998, and Rastra since 2018). In contrast to the rice program, BPNT offers households an electronic voucher to purchase staple foods and other items such as eggs, fish, vegetables and fruits. To inform our analysis, we drew on data from the 2019 SUSENAS consumption module to identify the dietary diversity of the three districts.

Photo: Puskemas Bowong Cindea, Pangkep district

We also examined the Indonesian government's Dana Desa program and its role in improving community development. Dana Desa was introduced in 2014 as an ambitious national-level village initiative. Its administration and financial resources were transferred to more than 79,000 rural villages, giving them autonomy to invest in rural infrastructure, human capital and job creation programs. All development priorities are decided and implemented at a village level. The shift from national to village is based on the notion that service delivery is best provided locally.

We examined the Dana Desa program and its successful use in supporting community development. To understand the opportunity for the fund to address mental health and people with disabilities, we interviewed leaders from 142 villages – representing 70 percent of the villages in the three districts – who discussed local priorities and experiences, including difficulties accessing funds and program implementation. Interviews were also conducted with 39 health workers from 30 Puskesmas (Community Health Centres), exploring their understanding of mental health and health care for PWD, the challenges faced, and ways to improve the program. These interviews were combined with secondary data analysis from the 2019 SUSENAS consumption module and Village Potential Statistics (PODES) 2018.

Challenge

Increasing diet diversity in poor households

The improvement and diversity of one's nutritional intake is part of the second goal in the United Nations' Sustainable Development Goals program. An affordable, diverse and healthy diet is crucial in providing essential nutrients and preventing malnutrition.

Currently, rice provides 70 percent of the dietary energy needs of Indonesians, and recent research suggests that any major changes in dietary practices would require households to spend more in order to purchase nutritious food. Indonesia nowadays has the largest means-tested social welfare program in the world, where the poorest households can access a range of schemes that address hunger and dietary nutrition. For example, Indonesia's Rastra program provides rice to 62 million people and has been targeted at poor households since 2011. In 2017, the Government of Indonesia transitioned Rastra to BPNT, a food voucher-based program. Both Rastra and BPNT now target the same group, that is, the poorest 25 percent of Indonesian households in selected districts. Households receive a voucher worth IDR 110,000 per month, which has the similar value as the 15 kg of rice per month received under the Rastra program.

In terms of social protection programs, approximately 32.7 percent of rural households in the three districts received food benefits from either the Rastra or BPNT programs. This compares to around 12.5 percent of recipients among urban households.

Maros, Pangkep and Barru have lower dietary diversity scores than the provincial average of South Sulawesi. In 2018, Maros was the only region that had implemented the BPNT in the three districts of focus.

Improving healthcare and social services support for PWD

Villages in our focus districts have more PWD compared to others in South Sulawesi. On average, each village in the Pangkep district has more than four PWD. Yet, little support exists for this community.

Dana Desa funds support PWD, but allocation levels remain low. For example, only 30 percent of Dana Desa funds support PWD (36.1 percent in Barru, 37.8 percent in Pangkep and 23.2 percent in Maros). Even where money is allocated, it takes the form of cash payments. In Barru and Maros, cash support made up 90 percent of the total spend. Besides cash, food support also forms the highest proportion of spending in Pangkep at 76.9 percent; Barru allocated 15.5 percent and Maros none.

Moreover, those in the PWD community are less likely to get involved in most village activities. They have limited opportunities to participate in activities or be heard at meetings that affect them. Less than half of PWD attended meetings in Barru, Maros and Pangkep - averaging between 32 percent to 44 percent.

In recent years, there has been more encouragement from national and provincial governments to increase the quality of care service and improve support facilities for the PWD community. National and provincial governments – including non-government organisations – already provide some training programs, but they are still limited. A survey of Puskesmas health workers identified three issues facing health services for PWD:

- There are not enough skilled health workers to provide healthcare services.
- There is limited funding to provide quality care and support facilities and tools for people with various forms of disabilities – such as prostheses (artificial legs and hands), orthoses (braces and splints), and wheelchairs to enable people with visual and hearing and physical impairment.
- There is low public awareness and high stigma against PWD that continues to impact the quality and level of services.

Increasing mental health services for rural communities

Mental health is an integral part of health and well-being. In Indonesia, 0.67 percent of households have at least one member with a psychotic disorder. About 6.1 percent of the population aged 15 years and older have depression. South Sulawesi has among the highest number of mental disorders in the country. Further, Puskesmas and hospitals are ill-equipped to appropriately address mental health issues, especially for women suffering from pregnancy and birthing related mental health issues including postnatal depression. Even though there is a government commitment and urgency to address mental health issues, our study found four important issues that create barriers to access and quality care:

- Human resources: There is a lack of investment in growing the number of sufficiently trained mental health workers related to mental health care. Specialist mental health workers include psychiatrists, and for Puskesmas level include mental health nurses, psychologists, social workers, and occupational therapists.
- Skills and training: Current health workers lacked appropriate skills and training in mental health services, with half of the respondents having never attended a training course and therefore ill-equipped to provide quality care. Health workers who perform home visits and outreach activities are still limited in capacity for screening and prevention.
- Facilities and services: Lack of funding invested into improving support facilities and increasing services. For example, there are limited services catering specifically for pregnant women including postpartum women. In some instances there is a special officer or program manager in charge, but they lack resources and specialist knowledge. In most cases, midwives or health workers are responsible for mental health issues.
- Awareness: A low level of community awareness, particularly stigma and ignorance of mental health problems, is a big challenge for health workers.

Recommendations

Activate BPNT in Barru and Pangkep to improve diet diversity

Our analysis using nationally representative data found that the BPNT program significantly improved dietary diversity among poor households nationally by at least 15 percentage points compared to those households that continued to receive rice (from the Rastra program). The BPNT has also improved the consumption of essential nutrients by poor households.

There has been an increase in the daily consumption of protein and calories by about 40 percentage points compared to the 20 percentage points for households that continued to receive rice.

Maros is the only district that had implemented the BPNT program in 2018, as it had the necessary infrastructure in place to do so. The BPNT has significantly improved the dietary diversity in Maros, with increases in egg and fruit consumption.

Image: Puskemas Bonto Perak, Pangkep district

Use Dana Desa to improve healthcare and social services support for PWD

The fund should be invested in the following areas:

- Fund skills and training to increase the number of mental health workers, especially PWD specialists, to provide quality care.
- Potential use of Dana Desa funds to create targeted programs in

support of the PWD community, from training programs to advance career development activities to equipment and tools that improve the quality of care.

- Launch public education and awareness to increase policy and community awareness and understanding, and reduce the stigmas that affect PWD and those facing mental health issues.

Use Dana Desa to increase mental health services

The fund should be invested in the following areas, with a focus on PWD and women suffering from postpartum depression:

- Fund education, skills and training programs to increase the number of specialist mental health workers.
- Potential use of Dana Desa funds to create targeted programs and support facilities and services.
- Launch public education and awareness campaigns to increase policy and community awareness and understanding, and reduce the stigmas that affect PWD and women facing mental health issues.

A way forward

Our researchers will work closely with key stakeholders at the local level to strengthen information sessions on the importance of dietary diversity and nutrition.

Similar work is recommended to enhance public awareness and training for health workers to improve mental health programs as well as programs and care for PWD. In this new post-pandemic period, our researchers would like to initiate site visits around Indonesia to refine their work, understanding and identifying best practices from leading Puskesmas that could be adopted by the three districts as part of new training programs.

Finally, the central and provincial governments must continue encouraging district and city governments to improve programs and care, increasing capacity, training and resources for workers to provide quality physical and mental health services.

Project team | Authors | Partners

Professor Anu Rammohan (University of Western Australia), Dr Sudirman Nasir (Universitas Hasanuddin), Dr Christrijogo Sumartono (Universitas Airlangga), Dr Hoi Chu (University of Western Australia), Dr Achmad Tohari (Universitas Airlangga), Dr Healthy Hidayanty (Universitas Hasanuddin), Ms Ryza Jazid Bahar (Universitas Hasanuddin), Dr Moses Glorino (Universitas Airlangga), Ms Anis Wulandari (Universitas Airlangga), Dr Eugene Sebastian (Australia-Indonesia Centre), Steve Wright (Australia-Indonesia Centre), Febi Trihermanto (Australia-Indonesia Centre), Hasnawati Saleh (Australia-Indonesia Centre)

POLICY PARTNERS:

Australian Government
Department of Foreign Affairs and Trade

RISTEK-BRIN

Ministry of Transportation
Republic of Indonesia