

The Role of Actors in The Desa Siaga Program in Watupute Village, Mowewe Subdistrict, East Kolaka

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Abstract. This research aims to analyze the role of each actor involved in realizing health services so as to be able to find out each actor's perspective regarding health services through the Desa Siaga in Watupute Village. Apart from that, it is necessary to determine the actions of each actor in order to improve the health service system in Watupute Village. This research method is descriptive-qualitative by determining the research sample using purposive sampling, data collection through observation, document study, interviews with several actors involved in this program, and data analysis using the Miles and Huberman model. The results of this research were able to identify the actors involved in health services in Watupute Village, namely, the Health Departement of East Kolaka, Desa Siaga cadres, Watupute village government, and the Watupute village community. Each actor has a role in developing health services through Desa Siaga. However, there are still actors who cannot carry out their roles, so achievements in program implementation are not optimal. In determining actions, the Health Office of East Kolaka has determined regulations that must be obeyed in implementing the Desa Siaga, the Watupute Village Government has provided a budget that comes from village funds, the Desa Siaga cadres have carried out their duties in implementing the Desa Siaga, and the community has participated in the success of the village program. Standby. Based on the results of this research, the researcher suggests equalizing perceptions between actors so that there is a understanding and health services in Watupute village can run effectively.

Keywords: Actors, Desa Siaga, Role

INTRODUCTION

Health services are one of the efforts that society needs to in achieving a healthy community life. Health services are public-scale services that advance the level of public satisfaction by optimizing their services. Equitable, equitable and affordable health services are the objective of the Indonesian government's healthy program. At the same time, the direction of the effort is aimed at ensuring that the provision of more extensive and more equitable services can be reached by the ability of the people. In response to the unresolved health problems that require social welfare development, the government is making efforts with various policies that can solve the health problems in order to support

the development of social well-being. Through the health programmes carried out by the government, one of them is the "desa siaga program" which aims to address the health of the public, especially the people in the countryside.

The development of the Desa Siaga program has been established in the Decree of the Minister of Health of RI No. 564/Menkes/SK/VIII/2006 of August 2, 2006 on the Guidelines for the Implementation of the Desa Aktif. In the development of Desa Aktif, measures of educational approach are required, that is, an effort to accompany the community to undertake its learning process, which is the process of solving the problems faced through the Health Efforts of the Community as an embryo or starting point of village development towards Desa Siaga.

A village is a picture of a community that is conscious, willing and capable of preventing and addressing health problems independently. Of course this must be supported by the resources and capabilities of the village government and also the health cadres. It is not just the government that has a role to play, but also the people who can influence the success of healthcare programmes. The co-operation between the village government, the public and the health personnel is working together to create a climate of mutual trust so that the development of the villages can be achieved (Didah & Syahrias, 2019). What can be done in the development of the Desa Siaga is to know the conditions of the village, to identify health problems, the village distinction, participatory planning, the implementation of activities and the construction of its sustainability, and also to be able to invite the participation of the community or the community participation in these activities (Wibowo & Triyono, 2018).

In a study (Triyono & Wibowo, 2018) found that in the implementation of the guard village must have Disability, Strengthening, Protection, Support, and also Maintenance. The villages that meet the criteria are those that have the Village Health Forum (FKD), the health framework, the ease of access to basic health services minimum possessing post-secondary buildings, and the availability of posyandu and health efforts of the community (Surveillance for the Community) as well as providing survailans such as healthy behaviour and healthy living. With the implementation of this Desa Siaga is expected to have an impact on the success of a decrease in the maternal mortality rate

(AKI), a decline in the Infant Mortality Rate (AKB) and a fall in the Balita Mortality Number (AKABA) as well as an increase in healthy behaviour and healthy living.

The active and positive participation of the public in the context of development, especially health development, does not happen alone. In order to grow the development of public participation, non-formal education such as dissemination or socialization of village program activities is needed. Health resources (poskesdes) become insignificant when society does not participate in the existence of optimal exploitation and maintenance. The active participation of the community in turn will give rise to the independence of the people in their health.

Research on the implementation of the villages has been done a lot, especially in looking at the success of villages in promoting health. In a study (Fedora et al., 2018) that the activity of the Village Health Forum (FKD) is not optimal because the participation of the population is still low and the objective in the activities of the FKD has not been achieved. Senada with the research (Islamiyati & Sadiman, 2019) on the lack of resources and budget support from the local government as well as the effectiveness of the meetings of the FCD remains low. From the existing research, it revealed that each actor in the implementation of the village program has already known its function but has not yet performed its role. When in the implementation of a program and failing to identify the actors involved and its role in the success of the program will create many obstacles (Banyumanik & Diponegoro, n.d.).

Therefore, there is a need for in-depth in this research on how the role of government, society, public figures, poskesdes and health cadres. From the gap found by the researchers above so interesting to be researched about, "Analysis of the Role of Actors in the Village Watch Program in the village Watupute district Mowewe district of Eastern Kolaka".

METHOD

The research method used is a qualitative research method, i.e. a research procedure that uses descriptive data of written words of persons or perpetrators that can be observed. This research is aimed at obtaining data of a comprehensive or holistic and in-depth

nature. Data collection using interviews, observations and Focus Group Discussion (FGD) techniques. The FGD is conducted in discussing who the actors are and what their role is in the development of health services in the village of Watupute and the results will be used to restructure the implementation of health care in the town. The informants were taken from the representatives of each element, namely from the elements of the village government, the post-secretary, the health cadres, the figures of the community, the community in need of the services of the villages of emergency, and the academics. FGD is a meeting point among various parties as a step in improving the quality of health care so that it can suppress the maternal mortality rate (AKI), the decline in the Baby Mortality Rate (AKB) and the decrease in the Balita Mortality Number (AKABA) as well as the increase in healthy behaviour and healthy living.

RESULT AND DISCUSSION

A. The role of actors in the implementation of health services in Watupute village of Mowewe district of Kolaka Eastern

Based on data from the puskesmas of Mowwe village (2019), there are 10 posyandu units, and 8 poskesdes units dispersed in each village. The village of Watupute has 267 people with a population of 945 people (470 men and 475 women). In the health services in the village of watupute there are 2 health services, namely 1 posyandu unit and 1 postkesdes unit that is responsible for running the Desa Siaga program and also other health efforts of the community.

The year 2020 is the beginning of the establishment of the Desa Siaga as the poskesdes building finally stands. Starting with five cadars, two of them were village maids who originally worked at the Mowewe district Puskesmas. Although the village health program has been implemented, the Village Health Forum that is located in the poskesdes has not been able to run on a routine basis and can only be held when there are health services activities from the Health Department of Kolaka District East. The role as well as the community is still low in the development of the Desa Siaga, seen from the non-variability of the activities of the health efforts of the community carried out so that the interest of the public to participate in the activities is low.

The main activities in the Desa Siaga are basic health services, empowerment of the community through health efforts of the community, health visits, healthy behavior and healthy living. Basic health services include the health services of pregnant mothers, breastfeeding mothers and health services for babies and newborns. While in the activities of the health efforts of the community there are two Desa Siaga programs, namely surveillance (health monitoring) and emergency health and disaster management. Health visits are also a program of the village as well as monitoring of infectious diseases and monitoring and delivery of health problems of pregnant mothers and newborns.

1) Identification of Actors

After the study of documents and observations carried out, then can be identified the actors who have played a role in the village program, namely the Health Department of Kolaka District East establishes the regulations that must be observed in the implementation of the village, the government of Watupute village has provided the budget derived from the village fund, the village cadres have performed their duties in the execution of village, and the community has participated for the success of village program. The aim of this village program is to make health empowerment to the people, so that the people in the Village will do a healthy lifestyle. The effectiveness of the Desa Siaga program can be seen from any activities carried out by the implementing team and the village government in the implementation of the Desa Siaga program.

POWER	INTEREST	
	High	Low
High	Health Department of the Eastern Kolaka District and the, society.:	Cadre of the Desa Siaga
Low	Government of the Village Watupute	Society

Tabel 1. Analysis of Stakeholder

Looking at the matrix table above, a map of the actors who have played a role in health care through the Desa Siaga program, who have influence and interest is the government, namely the Health Department of the Eastern Kolaka District and the Government of the Village Watupute, the Kader of the Desa Siaga and society. Governments as stakeholders have a role as groups that formulate or bridge decisions and

opinions of each group. One of the roles of the district health department is to provide the budget and resources that can be used to develop this village. Unfortunately, the Desa Siaga has revealed that the budget is only available for other activities, so Desa Siaga gets a small portion. Despite this, the Ministry of Health has cooperated with the Puskesmas in carrying out the monitoring and technical guidance of the cadres of the Desa Siaga.

Besides the government groups, there are also the governments of the Watupute Village and the FKD that are the bridge between government decisions and the needs of the people. Besides, there is the Desa Siaga as an actor who has a role as a group that will help the implementation of this program just needs empowerment. The staff of the Desa Siaga have played a major role in the development of health services, helping health workers such as midwives and nurses in giving motivation and education to the people to follow the Desa Siaga program. In addition, the community acts as a group that will receive the health care of the Desa Siaga in Poskesdes Village Watupute.

2) Role of the Actor

Based on the decision letter of the head of the village of Watupute No:141/18 of 2019, on the formation of the Kader of the Desa Siaga in the village as a marker of the continuation of the Desa Siaga program of the town of watupute. Previously, the Desa Siaga was formed in 2010 in the Puskesmas district, where every activity that takes place, the Mowewe District will send a maid and also a nurse to carry out the Desa Siaga program in each village. But the health care provided at the time was only basic health care.

The role of the Eastern Kolaka District Health Service is to create a healthy, caring and responsive community to the health problems in the village. Not only that, the increased knowledge and awareness of the villagers about the importance of health, the increase in the ability and willingness of villagers to help themselves in the health field, increased alertness and caution of village people to the risks and dangers that can cause health disorders (disasters, disease outbreaks and so on), increased environmental health in the villages increased family consciousness of nutrition and conduct a clean and healthy lifestyle.

The role of the village government is to supervise, support and fund the Desa Siaga program so that it is hoped that the Desa Siaga programme can run well. The village government of Watupute has formed the management of the Desa Siaga cadres and has provided funding for the program through the village fund budget of Rs. 10,000,000. This fund is used for postkesdes for in the framework of Desa Siaga as well as providing the building of health care facilities. (poskesdes).

The mandate of the Desa Siaga is to provide motivation and education to the people not to be afraid to undergo the inspection that is often done in the village. Officers from the Puskesmas department became facilitators of the development of the village in providing knowledge to the health officers and cadres of the Desa Siaga about basic medical services such as, management of AKABA, AKI, environmental maintenance and healthy behaviour and healthy living. The final result of the empowerment activities of this community is expected health officials and caders of the Town Siaga to be able to carry out the task of movement and empowering the community in the field of health. In fact, according to the implementation guidelines of the Desa Siaga, there are many programmes in health care. Only in the Watupute Village, the Desa Siaga cadres can focus on providing basic health services and carrying out health visits to the residents who are in the watupute village. This is due to the lack of SDM and also operational funding.

Based on the results of the interviews conducted, the researchers found that in the implementation of the health visits carried out by the Kader Desa Siaga did not routine. It is recorded that visits are made as many as seven times a year. Besides, the people are still reluctant to check their health to the villagers of Siaga. According to data in 2019, eight babies were visited for basic health care, four of them regularly checked, while the others only one or two times. There are also some citizens or babies who are affected but do not get a medical visit or a medical examination.

B. Evaluation of the Role of Actors in the Implementation of Health Services in Watupute Village, Mowewe district, Kolaka Eastern District.

The program of the village and the stakeholders at the village level still consider that the Desa Siaga is the responsibility of the health sector. While all the activities in the village program are strongly determined by the participation of the community, and in the

implementation of village program on the principle of community participation based on the community by the community and for the community.

According to the recognition of the implementation of the Desa Siaga program, there are no reports of activities made jointly by the actors involved in this program. The village government will be aware that its role, namely to invite the village people to want to check their health by the Cadre Desa Siaga will evaluate from the point of view of the health services provided to the community so that it can maximize any programs that are the objective of the Desa Siaga program running.

The efforts made by the village government in the Desa Siaga program, that is, have formed the management or the Kader of the Desa Siaga, which then is responsible for carrying out all the activities in the Desa Siaga program. Even though the activities have not been performed to the maximum, the Kader of the Desa Siaga remains ready to act as a supporter or as a facilitator of this Desa Siaga program. It's not just that, it's collaborating with the puskesmas. Puskesmas incubation as a reference place for patients handled by the cadres of the Desa Siaga in their respective villages, as well as the incubations that provide training to the caders of the Desa Siaga. It's done to provide health care in their respective villages through medical visits to residents' homes.

From the results of interviews with researchers, it was concluded that the statement in this case is a benefit distributed evenly to the community group, then in the village program that was run in the Village of Watupute it was concluded that the policy carried out by the government has not been evenly distributed to the people and still many people of the village of watupute who have not experienced the benefits of the Village program. As for the benefits that can be felt by the community with the presence of the Desa Siaga program, this is a new place of provision of basic health services in this case poskesdes which functions as a place where the people consult their health problems. Although not all the citizens of the Watupute Village feel the impact of the presence of the Desa Siaga program, but should get a thumb for the fate of the Desa Siaga Watupuste for having done what they can with the existing limitations.

The actions taken must be carried out by the local government in accordance with the established procedures or measures, in order to carry out a good and efficient Desa

Siaga program which can then benefit the community of the Village Watupute by establishing the policy.

CONCLUSION AND SUGGESTION

In connection with the above interview, it can be concluded that the policy issued by the government on the provision of basic health services in the Desa Siaga program has not yet been able to address the health problems that often occur in the community, especially in the village of Watupute.

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