

## Article

# Empowerment of Health Volunteers for Optimizing MCH and Family Planning (KB) Services During the COVID-19 Pandemic in Nagari Kambang Utara

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## A B S T R A C T

During the Covid-19 pandemic, there was a decrease in the availability of Maternal and Child Health (MCH) and contraceptive services, reduced access to services, and increased risk of infection for health workers. coverage of antenatal care, contraception and immunization has decreased significantly. Nagari Kambang Utara also experienced a decrease in the coverage of MCH services during the pandemic. Therefore, to support the recovery of maternal and child health services during the pandemic, health workers need to work together with cadres to reach all communities in order to get the health services they need. Empowering cadres is a step that is needed to help optimize maternal and child health services during the COVID-19 pandemic. The method of activities carried out is by using participatory methods from the target group, namely the health partners and the community of Nagari Kambang Utara. The activity began with conducting a workshop related to the formation of health cadres for the Nagari Kambang Utara. After the workshop was carried out, it was continued with data collection for cadres and training of health cadres in accordance with the work focus, namely cadres of pregnant women, maternity mothers, postpartum mothers, breastfeeding mothers, infant and toddler cadres and family planning cadres. The proposing team and partners agreed to work together to optimize the performance of health cadres by conducting cadre training and evaluation and agreed to carry out cooperation in the next 5 years. The results of this activity are expected to increase the achievement of MCH and family planning services and decrease MMR and IMR.

## I. INTRODUCTION

The COVID-19 pandemic has posed new challenges that threaten maternal and child health. Since Indonesia reported its first COVID-19 case in March 2020, the coverage of maternal and child health (MCH) and family planning (FP) services has declined. This decline occurred due to reduced availability of MCH and FP services, limited access to healthcare facilities, and increased risk of infection among healthcare workers. The coverage of antenatal care (ANC), family planning, and immunization services has experienced a significant decrease.

Healthcare workers reported a halt in community-level services, with more than 75% of *posyandu* (integrated health service posts) closing and over 41% of home visits being discontinued. Primary healthcare facilities (*puskesmas*) reported a lower service disruption rate, with less than 10% of services being halted, a trend also observed in areas under Large-Scale Social Restrictions (PSBB).

At the *posyandu* level, 86% of healthcare facilities reported the cessation of growth and development monitoring, 55% reported the suspension of immunization services, 46% reported the discontinuation of vitamin distribution, and 46% also reported a halt in antenatal care (ANC) services. A similar pattern was observed in PSBB zones, where service disruptions ranged between 74% and 81%. At the *puskesmas* level, healthcare services reported disruptions in several areas, including family planning, immunization, integrated management of childhood illness (IMCI), prevention of mother-to-child transmission (PMTCT) of HIV, and routine maternal and child health services.

The decline in MCH service coverage during the pandemic was also experienced by Nagari Kambang Utara, one of the villages (*nagari*) in Lengayang District, Pesisir Selatan Regency, West Sumatra Province. The village spans 93.47 square kilometers, accounting for 15.83% of the district's total area. Lengayang District has the largest population in the regency, with 54,441 residents. The topography of Nagari Kambang Utara varies, with slopes ranging from 0-0.2% to over 40%, which are considered steep. However, the area is generally flat and hilly as an extension of the Bukit Barisan mountain range, with an altitude ranging from 2 to 12 meters above sea level. To meet maternal and child healthcare needs, the village has three auxiliary *puskesmas* units and five village health posts (*Poskesdes*).

Several key factors contributed to the disruption of maternal and child health services, including public concerns, physical restrictions, and healthcare workers' apprehension. In response to these challenges, the Ministry of Health, with support from partners such as UNICEF, has been working to ensure the continuity of essential maternal and child healthcare services during the COVID-19 pandemic.

Therefore, to support the recovery of maternal and child healthcare services during the pandemic, healthcare workers need to collaborate with community health volunteers (*kader*) to reach the entire population and ensure they receive the necessary healthcare services. The role of *kader* is crucial in bridging the community, particularly the target groups of *posyandu*. Government information is more effectively communicated to the public through *kader*, as they are more responsive and have above-average health knowledge compared to the *posyandu* target groups. Community health volunteers (*kader*) play a significant role in enhancing the community's ability to take care of their own health and achieve optimal health status. Their contributions are reflected in both labor and material support. Additionally, *kader* are responsible for community health education through activities conducted at *posyandu*.

## II. COMMUNITY SERVICE METHODS

The implementation method consists of several stages: the planning stage, the implementation stage, and the evaluation stage, as follows:

### A. Planning Stage

To identify solutions to the problems faced by Nagari Kambang Utara, planning is required, as shown in Table 1.

**Table 1. Solution Stages to Address Partner Nagari Problems**

| Activity                                                        | Week |   |   |   |   |   |   |   |
|-----------------------------------------------------------------|------|---|---|---|---|---|---|---|
|                                                                 | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Evaluation of weaknesses and issues in KIA-KB in partner nagari | *    |   |   |   |   |   |   |   |
| Team meeting for program planning                               |      | * | * |   |   |   |   |   |
| Meeting I: Program discussion                                   |      |   | * | * |   |   |   |   |
| Meeting II: Program agreement                                   |      |   |   |   | * | * |   |   |
| Seminar on results                                              |      |   |   |   |   |   | * |   |
| Final report                                                    |      |   |   |   |   |   |   | * |

### B. Implementation Stage

Implementation is carried out using a participatory method involving the target group, namely healthcare partners and the surrounding community. The activities include: 1) Forming health volunteers (*kader kesehatan*) in collaboration with partners. 2) Training and coaching for *kader* volunteers. The form of the program to assist the Nagari government in development for the year 2021 can be seen in Tables 2 and 3.

### C. Evaluation

The evaluation activities are conducted to assess the extent to which the provided training materials achieve their target optimally. The evaluation methods used include: 1) regular meetings with health volunteers (*kader*), 2) activity reporting by *kader*, and 3) review of maternal and child health (KIA) and family planning (KB) service achievements. The criteria used as a reference for long-term success indicators of this activity include: 1) optimization of KIA and KB services during the COVID-19 pandemic, 2) increased achievement of KIA and KB services, and 3) reduction in maternal mortality rate (AKI) and infant mortality rate (AKB).

**Table 2. Program to Assist Nagari Government Development in 2021**

| NO | Activity                                                           | MONTH |    |    |    | OUTPUT                             |
|----|--------------------------------------------------------------------|-------|----|----|----|------------------------------------|
|    |                                                                    | 9     | 10 | 11 | 12 |                                    |
| 1. | <b>Governance Development</b>                                      |       |    |    |    |                                    |
|    | a. Socialization of health volunteer formation                     | *     |    |    |    | Complete administration            |
|    | b. Socialization of the purpose of forming volunteers              |       | *  |    |    |                                    |
|    | c. Socialization of expected achievements from volunteer formation |       |    | *  |    |                                    |
| 2. | <b>Management Development</b>                                      |       |    |    |    |                                    |
|    | a. Leadership and management workshop                              |       |    | *  |    | Effective and efficient management |
|    | b. Planning management workshop                                    |       |    | *  |    |                                    |

|    |    |                                                                            |   |   |   |   |                       |
|----|----|----------------------------------------------------------------------------|---|---|---|---|-----------------------|
|    | c. | Workshop on program implementation, finance, monitoring & evaluation, etc. |   |   | * |   |                       |
| 3. |    | <b>Performance Improvement</b>                                             |   |   |   |   |                       |
|    | a. | Improvement of volunteer performance and management                        | * |   |   |   | Improved performance  |
|    | b. | Improvement of community social engagement                                 |   | * |   |   |                       |
|    | c. | Improvement of healthcare services                                         |   |   | * |   |                       |
| 4. |    | <b>Activities</b>                                                          |   |   |   |   |                       |
|    | a. | Data collection of health volunteers                                       |   | * |   |   | Activities as planned |
|    | b. | Formation of volunteers                                                    |   |   | * |   |                       |
|    | c. | Volunteer training                                                         |   |   |   | * |                       |

Table 3. Program to Assist Nagari Government Development in 2021

| NO | Activity                                                           | MONTH |    |    |    | OUTPUT                                    |
|----|--------------------------------------------------------------------|-------|----|----|----|-------------------------------------------|
|    |                                                                    | 9     | 10 | 11 | 12 |                                           |
| 1. | <b>Health Class Volunteers for Pregnant and Postpartum Mothers</b> |       |    |    |    | Volunteers are trained and ready for duty |
|    | a. Health education                                                | *     |    |    |    |                                           |
|    | b. Pregnancy exercise                                              |       | *  |    |    |                                           |
|    | c. Detection of pregnancy issues                                   |       | *  |    |    |                                           |
|    | d. Data collection for birth planning                              |       |    | *  |    |                                           |
| 2. | <b>Postpartum Breastfeeding and Class Volunteers</b>               |       |    |    |    | Volunteers are trained and ready for duty |
| 3. | a. Health education                                                | *     |    |    |    |                                           |
|    | b. Sharing experiences on breastfeeding                            |       | *  |    |    |                                           |
|    | c. Detection of breastfeeding issues                               |       | *  |    |    |                                           |
|    | d. Monitoring exclusive breastfeeding                              |       |    | *  |    |                                           |
| 4. | <b>Infant and Toddler Volunteers</b>                               |       |    |    |    | Volunteers are trained and ready for duty |
|    | a. Health education                                                | *     |    |    |    |                                           |
|    | b. Monitoring infant and toddler growth                            |       | *  |    |    |                                           |
|    | c. Detection of growth and development issues                      |       | *  |    |    |                                           |
|    | d. Monitoring complete basic immunization                          |       |    | *  |    |                                           |
| 5. | <b>Family Planning Volunteers</b>                                  |       |    |    |    | Volunteers are trained and ready for duty |
|    | a. Health education                                                |       |    | *  |    |                                           |
|    | b. Detection of family planning issues                             |       |    |    | *  |                                           |
|    | c. Monitoring of women of reproductive age using family planning   |       |    |    | *  |                                           |

### III. RESULTS AND DISCUSSION

The results of deliberations and meetings with partner regional officials show that the proposing team and partners have agreed to collaborate in optimizing the performance of health volunteers (*kader kesehatan*) through evaluation and have committed to a five-year cooperation.

A meeting with health volunteers in Nagari Kambang Utara was held, attended by nagari officials, village midwives, and health volunteers from each village in Nagari Kambang Utara. During the meeting, a workshop and discussion on future collaboration plans with the community service team were conducted. It was decided that a health volunteer team would be formed based on their respective areas of focus, including volunteers for pregnant mothers, postpartum mothers, breastfeeding mothers, infants and toddlers, and family planning (KB).

Health volunteers in Nagari Kambang Utara have been identified and grouped into categories of pregnant mothers, postpartum mothers, breastfeeding mothers, infants and toddlers, and family planning. The activities carried out included data collection of volunteers using G-Form, forming volunteers based on their respective groups, and establishing effective communication throughout the activities. Subsequently, training was conducted according to these groups.

For the training of maternal volunteers, the activities included training and education on pregnancy, childbirth preparation, postpartum period, contraceptive use, and early detection of issues in pregnant, postpartum, and breastfeeding mothers, as well as family planning. The resource person emphasized the importance of volunteers understanding the physiology of pregnancy, childbirth, postpartum, and family planning, along with early detection. This knowledge enables volunteers to properly educate pregnant women and help prevent undesirable incidents.

For the training of child volunteers, the activities included training and education on newborns, infants, toddlers, and children, as well as monitoring their growth and development and early detection of issues. Why are education, monitoring, and early detection in newborns, infants, toddlers, and children necessary? Because if problems arise, they can be addressed immediately without delay, as postponement could lead to worsening conditions. Therefore, the community is encouraged to always pay attention to the health of their children, from newborns to childhood. Volunteers participated in the training well, and the activities ran smoothly.

In addition to volunteer training, a long-term program was established to assess the performance of volunteers through monitoring and evaluation in collaboration with partner regional officials. The Development Activity Plan and Activity Output for 2022 are presented in Table 4 below :

Table 4. Schedule of the Program to Assist the Nagari Government Development in 2022

| Activity                                                                 | MONTH |   |   |   |   |   |   |   |    |    | OUTPUT                             |
|--------------------------------------------------------------------------|-------|---|---|---|---|---|---|---|----|----|------------------------------------|
|                                                                          | 2     | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |                                    |
| <b>Monitoring</b>                                                        |       |   |   |   |   |   |   |   |    |    |                                    |
| K1 and K4 visit                                                          | *     |   |   |   |   |   |   |   |    |    | There is an increase               |
| Delivery assisted by health personnel                                    |       | * |   |   |   |   |   |   |    |    |                                    |
| Exclusive breastfeeding                                                  |       |   | * |   |   |   |   |   |    |    |                                    |
| Increase in women of childbearing age using family planning (WUS ber-KB) |       |   |   |   |   |   |   |   |    |    |                                    |
| <b>Evaluation</b>                                                        |       |   |   |   |   |   |   |   |    |    |                                    |
| Identifying challenges and achievements                                  |       |   |   | * |   |   |   |   |    |    | Effective and efficient governance |
| Improvements for the following year's activities                         |       |   |   | * |   |   |   |   |    |    |                                    |

The results of the proposed team's collaboration plan with partners are presented in Table 5 and Table 6.

Table 5. Roadmap of the Program to Assist the Nagari Government Development 2022-2025

| NO. | PROGRAM                                                                               | GUIDANCE |      | ASSISTANCE |      | OUTCOME                                                                             |
|-----|---------------------------------------------------------------------------------------|----------|------|------------|------|-------------------------------------------------------------------------------------|
|     |                                                                                       | 2022     | 2023 | 2024       | 2025 |                                                                                     |
| 1.  | Strengthening Governance/Management/Performance of Health Volunteers                  | *        |      |            |      | Nagari with Strong Governance, Management, and Performance of Health Volunteers     |
| 2.  | Development of Governance/Management/Performance of Health Volunteers                 |          | *    |            |      | Nagari with Developing Governance, Management, and Performance of Health Volunteers |
| 3.  | Increasing Efficiency of Governance, Management, and Performance of Health Volunteers |          |      | *          |      | Nagari with Efficient Governance, Management, and Performance of Health Volunteers  |
| 4.  | Excellence in Governance, Management, and Performance of Health Volunteers            |          |      |            | *    | Nagari with Excellent Governance, Management, and Performance of Health Volunteers  |

Table 6. Roadmap for Community Capacity Building Programs in Nagari

| NO. | PROGRAM                                                                               | GUIDANCE |      | ASSISTANCE |      | OUTCOME                                                                         |
|-----|---------------------------------------------------------------------------------------|----------|------|------------|------|---------------------------------------------------------------------------------|
|     |                                                                                       | 2022     | 2023 | 2024       | 2025 |                                                                                 |
| 1   | Strengthening Governance/Management/Performance of Health Volunteers                  | *        |      |            |      | Nagari with strong governance, management, and health volunteer performance     |
| 2   | Development of Governance/Management/Performance of Health Volunteers                 |          | *    |            |      | Nagari with developing governance, management, and health volunteer performance |
| 3   | Increasing Efficiency in Governance, Management, and Performance of Health Volunteers |          |      | *          |      | Nagari with efficient governance, management, and health volunteer performance  |
| 4   | Excellence in Governance, Management, and Performance of Health Volunteers            |          |      |            | *    | Nagari dengan Tata Pamong, Tata Kelola dan Kinerja kader kesehatan yang unggul  |

The role of *Nagari* officials is crucial in the formation of volunteers, monitoring, evaluation, and reporting systems. Therefore, a clearer activity plan for the next year has been developed to ensure that the long-term planned activities are carried out in a structured manner, allowing monitoring and evaluation to be conducted promptly. The evaluation results of the 2022 output will serve as the foundation for program development in the following years.

#### IV. CONCLUSION

Based on the results of the empowerment activities for health volunteers in Nagari Kambang Utara, several conclusions can be drawn. **First**, Nagari Kambang Utara, Pesisir Selatan District, has agreed to collaborate in the empowerment of health volunteers to optimize MCH and family planning services during the Covid-19 pandemic with the community service team from LPPM-UNAND. **Second**, health volunteers have been formed, including volunteers for pregnant and postpartum mothers, volunteers for postpartum and breastfeeding mothers, volunteers for newborns and toddlers, as well as family planning volunteers in Nagari Kambang Utara, Pesisir Selatan District. **Third**, socialization of volunteer formation and initial training for health volunteers has been conducted in Nagari Kambang Utara, Pesisir Selatan District. **Fourth**, the

collaboration plan between the community service team and partners has been discussed for the next year together with *nagari* officials. **Finally**, the community of Nagari Kambang Utara, Pesisir Selatan District, has welcomed the collaboration with the community service team from LPPM-UNAND.

## V. SUGGESTIONS

Based on the results obtained from the implementation, it is recommended that such volunteer empowerment efforts continue to ensure that the roles and functions of volunteers can be carried out optimally. Furthermore, follow-up and supervision of long-term activity plans should be conducted through cooperation between *nagari* officials and relevant health workers.

## VI. ACKNOWLEDGMENTS

The authors express their gratitude to the Government of Nagari Kambang Utara, Lengayang Subdistrict, Pesisir Selatan Regency, as a partner in this community service program. The partner has played an active role in providing facilities, such as the building used as the venue for activities, ensuring comfort for both participants and organizers. Additionally, the Government of Nagari Kambang Utara has assisted in coordinating the invitation and ensuring the presence of participants, including health volunteers, breastfeeding mothers, and disaster-affected communities. This contribution has greatly supported the success of the program, both in terms of logistics and community engagement. All supporting evidence, such as documentation of building use and participant attendance lists, has been prepared in accordance with actual conditions to support the activity implementation report.

## REFERENCES

- Badan Pusat Statistik Kabupaten Pesisir Selatan. 2019. <https://pesselkab.bps.go.id/>
- Kementerian kesehatan RI dan UNICEF Indonesia 2020. Imunisasi Rutin pada Anak Selama Pandemi COVID-19 di Indonesia: Persepsi Orang tua dan Pengasuh.
- Kementerian Kesehatan RI. 2020. Laporan Kajian Cepat Kesehatan: *Memastikan Keberlangsungan Layanan Kesehatan Esensial Anak dan Ibu di Masa Pandemi COVID-19 di Indonesia*. Jakarta : Kemenkes RI
- Profil Nagari Kambang Utara, Kecamatan Lengayang. <https://kambangutara.nagari.pesisirselatankab.go.id/first/artikel/1059>
- Stein, d, Ward, K, Cantelmo,C. 2020. Estimating the Potential Impact of COVID-19 on Mothers and Newborns in Low- and Middle-Income Countries. *Health Policy Plus*.
- WHO. 2020. Pelayanan kesehatan berbasis komunitas, termasuk penjangkauan dan kampanye, dalam konteks pandemi COVID-19. Jakarta : WHO