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Research Report

MODEL OF *LOCAL CAPACITY DEVELOPMENT* FOR THE *TROPICAL DISEASES HANDLING* IN EAST JAVA

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ABSTRACT

Indonesia is a tropical country with its all potential for tropical diseases that are vulnerable to attack its population. This study aims to identify the mechanisms of the tropical disease handling and the potentials that can be done to increase the capacity of tropical disease handling itself. The focus of this research is to increase the capacity of the tropical diseases handling existing in East Java, more specifically in some regencies or cities, among others are Bojonegoro, Sampang and Pacitan. The approach of the study was the qualitative approach which was characterized by the existence of an actual setting, researchers as a key instrument, emphasizing the process, and the data analysis is inductive. Data were collected using in-depth interview has well as secondary data from health care institution and the internet. A focused group discussion was also occupied to enrich the results, the cases were illustrated and the models were structured more comprehensively in the handling of tropical diseases. Participants of this study were health care workers who work at the health institutions including the Health Department, Hospitals, the and Public Health Centers. The findings were all analyzed qualitatively. The results of this study indicated that there are four dimensions of capacity, namely the capacity of the human resource, the capacity of the institution, the capacity of the system and the capacity of the community or the community itself.

Keywords: *tropical diseases, capacity, health workers, community development*

ABSTRAK

Indonesia adalah Negara tropis dengan segala potensi penyakit tropis yang rentan sekali menyerang penduduknya. Menyadari resiko yang ditimbulkan, maka mekanisme penanganan penyakit tropis perlu menjadi perhatian serius oleh pemerintah dan masyarakat. Penelitian ini bertujuan untuk mengidentifikasi mekanisme penanganan penyakit tropis dan potensi yang dapat dilakukan untuk peningkatan kapasitas penanganan penyakit tropis itu sendiri. Fokus dari penelitian ini adalah peningkatan kapasitas penanganan penyakit tropis yang ada di Provinsi Jawa Timur, lebih spesifiknya di beberapa kabupaten atau kota yang menjadi focus penelitian antara lain Bojonegoro, Sampang dan Pacitan. Dengan menggunakan pendekatan kualitatif yang bercirikan adanya setting yang aktual, peneliti sebagai instrumen kunci, data yang ditampilkan adalah data yang bersifat deskriptif, menekankan kepada proses, dan analisis datanya bersifat induktif. Focused group discussion juga digunakan untuk memperkaya hasil penelitian, kasus lebih tergambarkan dengan jelas dan model penanganan penyakit tropis dapat disusun dengan lebih komprehensif. Partisipan dalam penelitian ini adalah tenaga kesehatan yang bekerja pada departemen kesehatan, rumah sakit dan puskesmas. Penelitian ini dianalisis secara kualitatif. Hasil penelitian ini menunjukkan adanya empat dimensi kapasitas dalam penanganan penyakit tropis yaitu kapasitas SDM, kapasitas institusi, kapasitas sistem dan kapasitas komunitas atau masyarakat itu sendiri.

Kata kunci: *penyakit tropis, kapasitas, tenaga kesehatan, pengembangan masyarakat*

INTRODUCTION

As a tropical country, Indonesia is vulnerable to tropical diseases which are very specific, such as dengue fever, tuberculosis (TB) and leprosy. In East Java, these diseases remain a serious problem. Sampang is one of the regencies that is still considered to have many lepers, of which approximately 607 patients who have leprosy.[1] Besides, there are also many other tropical diseases that become the Extraordinary Events or outbreaks in East Java, such as dengue fever and Tuberculosis (TB). Therefore, some concentration should be paid for developing mechanism for handling the diseases using some systematic approach, such as improving capacity of human resources, capacity of institution, some systems, and procedures and increasing community engagements.[2,3]

Unfortunately, the efforts to improve the handling are still necessary even harder, since there are many common problems in health care, for example, the community assessment which only reached the criteria of "enough" for hospital services and noncompliance health workers in carrying out standard operations procedure (SOP) on leprosy.[1] The problems that are quite complete are also described as follows (1) the great number of health workers do not certainly improve the services, but there are still many "dual practices" without any adequate supervision, contributing to the weakness of the system to be applied; (2) the decentralization system of authority has not shown its potential to fix health care issues; (3) Infrastructure and medical equipment are inadequate and not evenly distributed; (4) Inefficiency makes less optimal health care, especially in the context of the utilization of medical equipment; (5) Utilization of inpatient services is still low, because the aspects of cost, especially for the poor.[4]

One of the government's efforts to reform the health sector is the decentralization of authority. However, the decentralization itself also still has many weaknesses.[4] *First*, the difficulty of managing the fiscal decentralization in the beginning of the decentralization. When a transfer of budget allocation has been done to an area via the General Fund Allocation, the occurrence problem the failure of the health sector to get funding in the area happens. It has been responded by the central government by providing a great concentration fund. However, the limited ability of the central government's financial and technical difficulties of the concentration fund distribution have caused a great difficulty in central government funding in 2006-2007 and early 2008. *Second*, the implementation of the *Askeskin (Health Insurance for the Poor) program* has indicated a failure of central government to understand the meaning of decentralization in financing. In the beginning of the *Askeskin program*, there was a tendency that the Ministry of Health did not pay attention to the area in funding and implementing the *Askeskin program*. *Third*, in the third year of decentralization, the Health Department issued a Decree of the Minister of Health about surveillance, but it has not run. The local government has ignored those important technical guidelines.

Based on the problems, this research tries to create a model for the development of local capacity in tropical diseases handling. The area mentioned here is East Java, which is also still known as a prone area of tropical diseases such as tuberculosis, dengue fever, and so on. The goals to be achieved from this research are: (1) to understand the problems faced in the tropical diseases handling; (2) to know specifically the scope of the policy and institution to implement and handle the tropical diseases in East Java; (3) to know specifically the harmonization of policies and interaction among institutions in the tropical disease handling efforts; and (4) to arrange a model of action plan to improve services in the tropical diseases handling in East Java.

The Capacity Building

In a simple way, the concept of capacity building is defined as the process of improving the ability of people, organizations, and systems to achieve the goals of the organization that have been set.[5–9] Although this definition is very simple, actually it contains extensive and very important meaning. Specifically, the capacity can be seen as something that is specific to a particular task, and the limits of the capacity are specific as related to factors within an organization or a particular system for a particular period.[10] The capacity building explains how far the staffs are able to show the real contribution to the development of personal, organization and community.[11] The meaning has been extended and linked to the role of the civil/regional institutions, in which the capacity building is interpreted as an effort to improve the ability of people in developing nations to develop management skills and essential policies needed to build the cultural, social, politic, economic and human resources structures so that they are able to exist in the global world.[12]

An increase of the capacity-building in developing countries will also be able to affect changes in the cultural community, although the transformation of the changes is not so easy and not so quick to do. In fact, the development process of the capacity building can be seen as a political process, because it affects the elite decision-makers to create a policy based on adequate evidence. The development and capacity buildings are not only meant as an individual effort but also an institutional one.[13]

The capacity building does not only mean as an individual and an institutional effort but also as an effort to improve the community. Six main domains to assess community capacity, namely: (1) a partnership in networking concerning the existence and functionality of a leadership role within the networking community; (2) the ability to formulate goals and to act collectively together with other community members; (3) the ability to identify and mobilize the organization and resources (both human and material), to implement a program, a knowledge

transfer related to the ability to develop programs; (4) the ability to transfer the information/ knowledge to other members, the ability to integrate those programs into the main agenda of the group, and problem solving to identify the key actor that influences for problem solving; (5) the ability to discuss and negotiate in problem solving with a good process; (6) the ability to identify problems followed by the correct solving.[14]

The Capacity of Decentralization System

The implementation of decentralization requires the changing transformation towards the increasing of the local government ability in the aspects of the system, the management of the institution and the increasing of the quality and capacity of the personnel in the implementation of the development and public service process.[15,16] Osborne and Gaebler has offered the idea of 'reinventing government', as an effort to carry out an entrepreneur transformation into a bureaucratic organization that has two goals at once, namely to improve the performance of the bureaucracy in running the role of public service and to create a bureaucratic efficiency aiming at overcoming the resources crisis faced by the government.[17]

Meanwhile, the transformation will bring a change in the cultural aspects of the bureaucracy itself, namely from the bureaucratic to a governance model that involves community participation, from the command and control to the accountability of results achieved, from the reliance on internal systems to be competitive and innovative, from which are closed to the open, and from which does not tolerate the risk becomes open to the risks of success or failure.[18] The main objective of the renewal is to do a planned change towards a better condition. On that ground, the renewal is called effective if, within the planned period, the better condition really happens. On the contrary, the renewal is called a failure if within the planned period the condition remains as usual and or even gets worse than before. In line with the view that it can be seen that the transformation dynamics of changes or renewals still need to be run within the scope of bureaucratic capacity building to improve the performance effectiveness of the bureaucracy itself.[17]

Along with a number of policies that have been issued by the government in the health sector, there are still many health problems that cannot be handled optimally. Indonesia, a country located in the tropics, has a positive or negative access to its people's health, especially the rise and growth of tropical diseases, such as malaria, *leishmaniasis*, *schistosomiasis*, *onchocerciasis*, *lymphatic filariasis*, Chagas disease, dengue fever, *framboesia,* and *vector*. Those diseases are the major health problem in almost all developing countries because of the morbidity and death that are relatively high in a relatively short time.[19]

RESEARCH METHOD

The approach of study is qualitative which is characterized by the existence of an actual setting, researchers as a key instrument, emphasizing the process, and the data analysis is inductive. Researchers conducted the data exploration related to tropical diseases in three areas, namely Bojonegoro, Sampang and Pacitan and the findings of both quantitative and qualitative data that are all analyzed qualitatively.[20–22] There are several reasons for the selection of the research locations, including: *first*, Pacitan is a relatively remote district from the central government of East Java; *second*, Bojonegoro is a region experiencing significant social changes in the presence of oil exploration; *third*, Sampang has the lowest human development index in East Java and the low category in Indonesia. The location of research is health institutions including the Health Department, Hospitals, the Public Health Centers.

The data collection in this study done was in 3 ways, namely *in-depth interviews* by using *guided interview;* collecting document data in Hospital, Health Department and the Internet; and *focus group discussion* with subjects of research. The process of inference interpretation of research associated with two dimensions: the text and the social contexts combined as a single unit of analysis. The next step is reconstructing the results of text analysis, the social cognition and social context with the theory framework within categorizations in order to obtain a new understanding of the phenomenon.

RESULT AND DISCUSSION

The Capacity of Human Resources

The discussion of this study is focused on how far the implementation of capacity-building efforts is. Human resources in the health sector include Health Workers and Non- Health Workers under the Health Act No. 36 of 2009 Section 1, stated that: "Health Worker is any person who is devoted to the health sector and owns knowledge and/or skills through education in the health field that for certain types require an authority to do health efforts".

This study related to the problems encountered in the management of human resources in the scope of Health Department in several regencies and cities in East Java. Problems faced by the Health Department in Pacitan, relate to the number of inadequate human resources, especially the non-medical personnel. As stated by the Head of Public Health Center (Puskesmas) of Nawangan, Pacitan,

> *"Functional officer concurs treasurer, one person does six programs, although only a few but all diseases exist. Cooperation with the midwife, and*

HIV, never isolates the HIV. The system of early awareness has been done in this Public Health Center. The number of public health resources is more than the doctors. The Health Department that also has a shortage of human resources with administrative competence (for making Letter of Responsibility, handling financial affairs) should be added as well. There are only two accountants in the Health Department who control 24 Public Health Centers. In almost every year, we propose it to the Labor Agency (BKD)"

The fundamental problem of the analysis of human resources need is the insufficient amount of that, particularly in certain competencies. Unfortunately, the need precisely is on the non-medical personnel. As a consequence, some medical personnel also concurrently function as financial staff. This will inevitably have an impact on the motivation of health workers themselves, because they are given the workload that is not in accordance with their competence, and in the end it will also have an impact on the services provided to the public because health professionals are less focused on their tasks; meanwhile, public have already got their protection on their rights over public services, as stipulated in Act No. 25 of 2009 on Public Service.

Health personnel is the responsibility of the government, either the central government or the local one, as set in Act No. 36 /2009 on Health, Article 25, paragraph 1, 2 and 3. The capacity building of human resources through various activities such as training, workshop, and education that hold a degree or not, should be facilitated by the institution, that is the Health Department either at the regency or provincial levels. The efforts for the development of individuals are facilitated through workshops on diseases handling such as HIV. The proportion of the budget for the capacity building covering 12% of the Net-Operational Costs and it is focused on tropical diseases. In addition, the budgetary resources for the capacity building of human resources are also derived from General Fund Allocation (*DAU*) in every field, according to the needs.

An interesting mechanism of evaluation which becomes a model has been carried out by Bojonegoro Regency, in which the Local Regional Head enforces an open communication to the public and Local Government Unit to get input on the performance of the subordination, as stated, "then like handling, actually we have been helped by direct messages (Short Message System) to the regent, that was actually very helpful, there may be regarded as the disruption.."

Regent allowed people to send their complaints, including problems related to health care. Furthermore, those messages will also be forwarded to the Local Government Unit and personnel related, then hopefully it can improve their service. Besides, Bojonegoro Regency also has regular meetings among Local Government Unit personnel to improve their coordination, considering that the handling of cross-cutting issues related to tropical diseases is really needed. Of the two earlier evaluation mechanisms, the positive impact is being felt by officers in the field. It becomes a boost for the officer to provide the best service for the people and also becomes a form of attention of the chief executive to the subordinates.

The Capacity of Institutions

The structure of organizations and procedures remain an important parameter in viewing the capacity of the institution. The emergence of a variety of health policy in Indonesia will have implications on the development of various duty and authority of the district. Surely, the presence of various regulations such as Law, Decree of Health Minister, District Regulation and Regent Regulation becomes a lever for health service personnel to improve the program of their activities.

In the tropical diseases handling, it has been structured in detail about the authority, duty and coordination flow among institutions through Standard Operating Procedure (SOP). It becomes the basis for the institution to act in the tropical diseases handling and has been provided by the Health Department.

Both the Standard Operating Procedures (SOP) and SOP implementation mechanism have been structured, especially when the government would declare the conditions of Extraordinary Events (*Kejadian Luar Biasa/ KLB*) in a region. In the case of the extraordinary events, the referral mechanisms go from doctors, clinics, hospitals and the Health Department. Preliminary examinations of a patient done by a doctor (public or private) to get the referral and from the examination the patient will be directed to a hospital depending on the grade of the patient. When the patient reaches the third grade, the patient will be referred to the hospital. Then, based on the hospital examination results, the patient will be delivered by the Public Health Center where the patient comes to be declared as an extraordinary events in a particular grade. The statement of the extraordinary events will be followed by the Epidemiology Research (ER) with a random sample in the region. The observation was done at a distance of 100 meters from the houses surrounding the patient. Finally, the government takes action in the form of *fogging*, as said by an informant that:

"We face a case when sometimes the patients do not come to us, they may firstly check up his health toa private doctor. After being tested that they are positive, it shows clinically that the dengue fever is on grade 3. They are immediately referred to the hospital that the platelets counted drop significantly though not until 150.000. I have even experienced it when I was in Ngumpak Dalem, there was a feedback when a patient with dengue fever corrected by Viper, Epidemology Evaluation (EE) on grade 3 or grade 4 or grade 2 and after that we do an Epidemiology Research (ER) around the 100 homes of patients who have symptoms of fever or perhaps they show the same symptoms. We do an ER, so if there are such cases they have

automatically followed the SOP, they have known what they should do"

The capacity of the institution is also determined by the coordination between health institution such as the Public Health Center and the health department. One determination in coordination among institutions in the tropical diseases handling is the availability of health resources. Often the availability of resources becomes an obstacle to meet the health services primarily. A few numbers of qualified doctors in handling HIV/AIDS has caused slow treatments to patients. An example is the incidence of a late handling of HIV disease despite the availability of two nurses and one specialist and one general practitioner who have the expertise to handle HIV/AIDS; but, it is not possible to always stay in the HIV room because they have to carry out their duties in other places as an additional task.The three districts under study (Bojonegoro, Sampang, and Pacitan) have had a standard organizational structure, such as the existence of the General Hospital and Public Health Center and the institutions below it. Nevertheless, only a few units of work has been certified.

Not all the financial managements use the pattern like Public Service Agency. Several legal institutions that shade health programs in five regencies are Constitution of the Republic of Indonesia Year 1945, Presidential Decree, Health Minister Decree, Decentralization Laws, and Regent Regulation, also several articles such as: Article 20, Article 28H paragraph (1), and Article 34 paragraph (3) of the Constitution of the Republic of Indonesia Year 1945 and the Law of the Republic of Indonesia Number 36 Year 2009 on Health. See the organizational structure in the Health Department.

The Capacity of Systems

The system capacity refers to the regulations issued by the ministry of health which involves the health sectors, local regulations as the implementation of national health policy, the decisions of governor and regent. The local government should synchronize the national policies and local policies. Long before the Decree of the Health Minister and the Handbill has existed in East Java, the East Java Provincial Regulation No. 5 of 2004 on the Prevention and Control of HIV - AIDS has been published in East Java. Referring to the handbill, East Java provincial government has made efforts on health. The principal efforts expected to run well is strengthening a health promotion of prevention and expanding the HIV counseling and testing, care, support, and treatment. However, all the efforts that are written in this policy document are only as an appeal, not an obligation. It means that the Health Ministry cannot insist and ensure that the efforts will be done by local governments and hospitals.

To support the health policy to achieve the Millennium Development Goals (MDGs), the Bojonegoro Government tries to improve the health infrastructure so that it is able to provide a better health degree. In 2013, the Health Department of Bojonegoro prioritized the improvement and repair of the infrastructure of Public Health Centers in 28 districts. The increase includes the improvement of infrastructure, equipment and human resources of medical

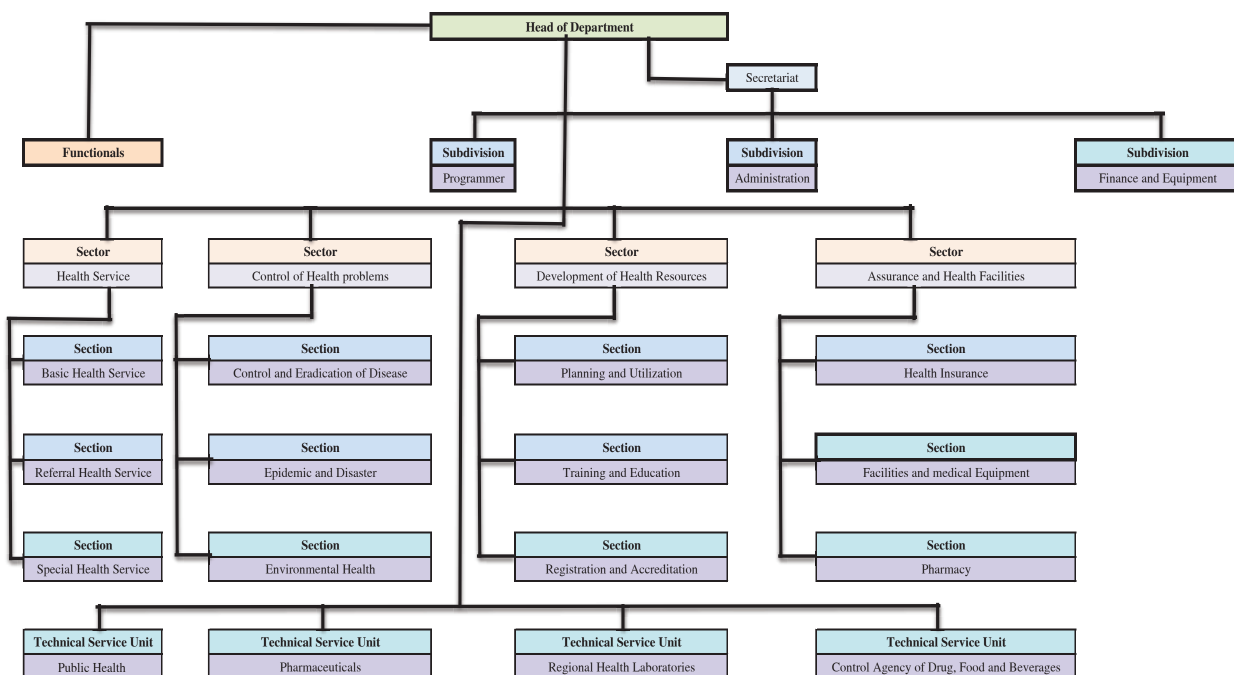

Figure 1. Organizational structure of provincial health department

personnel. This activity was budgeted at IDR.16.2 billion, coming from the budget of Bojonegoro Governance. It is not only for the Public Health Center (*Pusat Kesehatan Masyarakat*), but for Basic Essential Obstetric Neonatal Clinics/BEONC (*Pondok kesehatan*) and Rural Birthing Clinics (*Poliklinik Desa/ Polindes*).

In Indonesia, dengue fever was first discovered in 1958 in Surabaya and now is spreading throughout the provinces in Indonesia. The incidence of dengue fever was suspected by the existence of a correlation between strain and genetics, but recently there has been a tendency of different causing-agents of dengue in each area. The cases related to the epidemic of dengue fever that attacked East Java during 2013 increased to 80 percent when compared to the previous year, i.e.8.257 cases increasing to be 14.837 cases. The data of the Health Department showed that the mortality rate declined. It means that the Health Department succeeded to reduce the mortality rate of patients due to dengue although cases found increased. The areas which the mortality rate increased include Sampang and Bojonegoro. Bojonegoro Government intends to carry out a program of preventing and overcoming infectious diseases, as informant said that,

> *"There are 10 types of the diseases to be suppressed including Acute Respiratory Infections/ARI (ISPA) attacking an 100.524 people (7.95%), diseases of the muscular system and connective tissue attacking 81.868 people (14.62%), gastric ulcer attacking 46.605 people (8.32%), high blood pressure attacking 46.099 (8.23%).Then an observation on febricity attacking 28.212 people (5.04%), diarrhea attacking as many as 24.951 people (4.45%), skin diseases as many as 20 016 people allergic (3.57%), allergic skin disease attacking 14.469 people (2.94%), other diseases in the upper bronchial tube attacking 13.831 people (2.47%), asthma attacking 12.964 people (2, 31%)".*

The Capacity of Community

The public health efforts to involve the community are the establishment of Rural Health Post (*Pos kesehatan desa/ Poskesdes*), The Vigilant Village (*Desa Siaga,* the Health Efforts on Community Based (Usaha Kesehatan Bersama Masyarakat/UKMB). In order to develop community participation, the government has encouraged the formation of *Poskesdes* with the support of the Social Assistance of Fund Operational.

The Vigilant Village (*Desa Siaga)* is one of the breakthroughs of the health development in empowering the community in East Java. It is a village whose inhabitants have the readiness of resources, ability and willingness to prevent and solve health problems, disasters, and health emergencies independently. The *Desa Siaga* is developed through the preparation of the community, the introduction of the problem, the formulation of the achievement follow-up especially the agreement of *Poskesdes* formation and the resources support.

The government also develops the Health Efforts on Community Based (Usaha Kesehatan Bersama Masyarakat/UKMB) that has been formed in a village in order to bring/provide basic health services for rural communities that include activities of increasing healthy life (promotion), disease prevention, and treatment done by health workers (especially midwives) by involving cadre or other volunteers. The form of *UKBM* in a village includes *Posyandu* involving community participation, and *Tiwisada Cadre* at school, who are scout members that care about health and are ready to provide assistance.

This joint movement is built in the form of solidarity when encountering extraordinary events. Various efforts for preventing diseases are carried out in a community movement, namely cooperation among Local Government Unit (*Satuan Kerja Pemerintah Daerah/SKPD*), Police/ Army and Non-Government Organization/NGO (*Lembaga Swadaya Masyarakat/LSM*). This cooperation fosters a spirit of solidarity to tackle tropical diseases such as in Sampang.In the tropical disease handling, people are given an understanding of diseases such as *Lectospyrosis* through socialization by giving pictures to all staff in Public Health Centers (*Puskesmas*) to be delivered to the public. To promote tropical disease prevention, a special program is made through a variety of media, as said by an informant from Sampang:

> *"The socialization has been done through the radio broadcast, mobile broadcast, spread pamphlets about how the symptoms and treatment. It has been spread to almost all districts, to rural areas, teenagers, schools; through cross-sector cooperation, collected to local government by involving the chairman of Neighborhood Association (Rukun Tetangga/RT) and Administration Unit (Rukun Warga/RW),and NGO agencies. They did the voluntary work, including in the traditional market, since it is the habitation of rats"*

These joint movements of community in Bojonegoro start from a village, district and Public Health Center, and school. One of the movements is in the form of implementation of Communication Information Education (CIE) and Mosquito Eradication, as stated:

> *"Nggayam shade 23 villages whose 3 villages are certainly dengue endemic. In those 3 dengue endemics, almost all in habitants, one or two of them, were certainly infected although not to die. We have triedto do CIE to our community by cross-sector cooperation, all villages and sub-districts completely moved together so that this mosquito problem could be fought. So before they become adults, they would later become our fekton to voluntary work together. We selected those three endemic villages, we all did the voluntary work and asked the head of sub-district for help and his officials to suppress the dengue fever, and we do*

this attempt this year, so that one village was not affected by dengue fever".

The development of another community involvement is the formation of the association community. As occurred in Sampang, there is an establishment of the association of former leprosy patients aimed to provide a reinforcement to the lepers and to empower leprosy patients. They become volunteers for other lepers. Those volunteers are given the task as Supervisors of Swallowing Drugs (*Pengawas Menelan Obat/PMO*) besides giving skill assistance to lepers, so that they can be more independent and economically productive.

Another development of social networking is searching donation from corporate institutions. In tropical diseases handling, Bojonegoro government received contributions from several institutions or mining investors such as PT.Petrocina and PT. Exxon Mobile. Those corporations provided infrastructure supports as a form of social responsibility (charity) for their existence. Facilities provided by those corporations in the form of the building, training for health personnel and fund.

CONCLUSION

To deal with tropical diseases, human resources such as health workers become an important dimension. It is not only supported by human resources that are adequate or have an appropriate professional field but also strengthened by experience in handling emergency situations of disease incidence.

The good governance achievement in tropical diseases handling can only be done when the framework of the development of institutional networking between health care units is implemented properly. The cooperation ability within a working unit and among working units is a condition that sustains the success of diseases handling. Coordination, communication, and synchronization are important prerequisites in strengthening the health institutional capacity. The pattern of vertical coordination between levels of government, namely between regency and province levels, and pattern of horizontal coordination among levels of government, namely the Health Department, Hospitals and Public Health Center become the key to success.

The capacity of the system also becomes a dimension in the development of local capacities. The local policy in Indonesian refers to the national policy. Indonesia's health policy is directed to one goal that is the achievement of the MDGs which has become an international agreement. Various policy ratifications have been established by the Indonesian government either in the form of laws or ministry regulations. In the context of preparing regulations at the local level, it still refers to the higher level's regulations, it means that the regulations made by the local government do not disapprove the regulations of above level, but they are made in detail for implementation such as Guidelines, Regent Regulations or Local Government Regulations. A regulation consistency is a prerequisite for the implementation of the policy so that there is no debate in the implementation of disease handling.

The involvement of health stakeholders contributes to the success of the capacity building. The development of community capacity on the incidence and prevention of health is one of the solutions to overcome limitations of health resources. The involvement of stakeholders in the search for donations either from corporations or foreign country in the tropical diseases handling is necessarily done by local governments in the concept of helping to resolve an incident. The reinforcement of non-institutional network, that is community resource development through volunteers or health cadres both of family or community, helps in the tropical diseases handling.

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