

JICA Cooperation Project Program and Government of South Sulawesi Province 2007-2010 with target areas are Barru, Wajo and Bulukumba District

PRIMA Kesehatan In Wajo District

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PRIMA Kesehatan program as a program of JICA Technical Cooperation with 3 districts in South Sulawesi including Wajo, is a program which promotes community participation model in implementing health service quality improvement activity that expected to support government program namely "Desa Siaga".

The first year of PRIMA Kesehatan activities were conducted in 2 (two) target sub-districts namely Tanasitolu and Belawa sub-district, which consist of Mother and Child Health activity, P2M, Environmental Health, Nutrition, Health Promotion and Integrated Post Service was run as its planed by each village and sub-district PHCI team. Beside it was funded by JICA in this case is PRIMA Kesehatan, those activities were also co-funded by community's fund in kind of material or non material, as a part of community participation in community health effort improvement.

In the second year, expansion of PRIMA Kesehatan activities will be carried out to other subdistrict namely Maniangpajo sub-district and Gilireng sub-district. The activities that will be implemented in the second year are expected as the follow up for last year activities of Tanasitolu and Belawa sub-district. For Maniangpajo and Gilireng sub-district, innovative primary health care activity that are community's need as PRIMA Kesehatan target area will be implemented.

PRIMA Kesehatan, Chance and Challenge

By: Muhammad Syukri, SKM

Member of Barru Kabupaten Impelentation Team

PRIMA Kesehatan is one of the method and approach of community empowerment which is designed to improve health management capacity based on community.

Many lesson can be learnt from the first cycle implementation of PRIMA Kesehatan, such as community seems start to understand that health issue is their responsibility too, they are able to see and identify the existing health problem in their area, and also they are able to make a plan of intervention that they consider effective to solve the problem. This

condition can give impact on the decreasing of diseases case specially disease which based on the environment (environment based disease) this things show us that PRIMA Kesehatan is a big challenge to realize community independence in field of health and at the same time become a challenge for actors within PRIMA Kesehatan, especially for Health office and its partners where the PRIMA Kesehatan program is located. The most important thing that needs to be paid attention and prepared from now is how to make the empowerment process that is shown in PRIMA Kesehatan can be sustain after this program is finish.



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Continue from page 1

Even though the program is not named PRIMA Kesehatan but the substance in it still can be continued. PRIMA Kesehatan can also be directed into creation, development, or establishment of pattern as a frame or corridor in implementing intervention activity to solve the problem. By working in a certain model or system that is generated by PRIMA Kesehatan, it is possible to realize sustainability. But it still should consider the important point of this idea that this model/system is what have been decided by community. Because at the same time this thing become the local characteristic and specific of each vilage or PHCI team. One example is, if system of early awareness on transmitted diseases is stipulated as local characteristic by community, so all activities in PRIMA Kesehatan will be directed to support this model. All the resources that belong to PHCI and community in the village include grant from PRIMA Kesehatan is fully allocated to support this model. This such way can direct PHCI to work more focus in solving one most priority problem. Another positive impact that very possible to raise is that other sector/institution can contribute including Puskesmas, Health Office, community organization or other stakeholders. This condition is surely make " the sustainability" is possible in the future after the PRIMA Kesehatan finish. This is what it means of a challenge for the actors of PRIMA Kesehatan.

If we now agree and willing to improve PRIMA Kesehatan to create a product in a form of system/model, so what become the homework for all involved parties (PRIMA Kesehatan Office, KIT, Province Health Office, Field Consultant, etc) is to examine models that possible to be developed for the problems that faced in certain area or vilage. The ability to examine the problem and create a model that appropriate with those problem needs proper skill of implementer or facilitator. That is why it is very important to conduct planning capacity strengthening for PRIMA Kesehatan actors as mentioned above. The capacity strengthening can be conducted as training, comparison study, workshop, etc.



PRIMA Comment



Maskur
Ka. PHCI Lonrong

Implementati on of PRIMA Kesehatan Program in 2007 in Lonrong vilage Ujung Loe sub-district under Bulukumba District raises a change to community's understanding of the importance of health and understand that healthy community can be realized by community willingness it self.

There are things that still need to be improved in the implementation of activity for the next year such as elucidation method that needs to be more innovative so people will interesting more, instead of think that they are taught or dictated. To realize this thing, PHCI Team will collaborate with all existing parties in the vilage such as government, public figure, religion figure, and specially with health staff. Procurement of facilities (physical program) still need for additional such as clean water resources and public toilet, however we will try to make sure that those facilities are used and the community health become better.



Ambo Dai
Member of PHCI Assorajang

As the only male cadre and also as member of PHCI team, I'm very thankful for the existing of P H C I Activities in Assorajang vilage, specially for my Posyandu. Because of PHCI Activities such as procurement of chairs and tables, makes my task as cadre become easier. Arrangement of fifth table had been conducted, mothers and child don't have to stand anymore to wait their turn. It sometimes become the reason why mothers is not enthusiastic to bring their child to Posyandu. Now, mother always bring their child to Posyandu and operational of Posyandu is better.

I hope people of Assorajang vilage can feel the benefit of future PHCI activity. That is why PHCI Team of Assorajang vilage can make early and better working plan than present plan.



Sukri
Auditor Int. PHCI Corawali

Along the beach of Corawali vilage, at dawn and at night it become public toilet for community. It has happened since long time ago and not many community interesting in making family toilet. It happens not because all community can not afford it, but it because community awareness is still low regarding PHBS, specially about family toilet. It was proven after PHCI team proposed 15 unit of closet and 15 unit of concrete ring for the septic tank and elucidation activity to PRIMA Kesehatan JICA, people who got the assistance with prime spirit able to contribute in finishing the construction of the toilet until it could be used by family. There is a family who even made the toilet permanent with a contribution for almost 10 times from the given assistance.

By reviewing the achieved result in first year, we are highly expect for the optimal attention from KIT, both for guidance or motivation, so what we expect can be achieved.