

Kick Off Meeting for The Second Cycle of PRIMA Kesehatan

To start the second operational cycle of PRIMA Kesehatan, on April 28th 2008 kick off meeting was held at the meeting room of P2PL Province Health Office. This meeting was attended by Head of Bulukumba Health Office, representatives of Wajo and Barru Health Offices, member of KIT from each target district, and also Counterpart from province health office. JICA experts of PRIMA Kesehatan and 13 Field Consultants assigned to the target district also attended the meeting. Total number of participants were 39 persons.



The meeting was started at 10.00 am and officially opened by Vice Head of South Sulawesi Province Health Office Dr. H. M Saad Bustan, MKes. The meeting continued with explanation on operational plan for the second cycle of PRIMA Kesehatan by JICA Expert team Leader Mr. Shigeki Kawahara. In his presentation, he explained about schedule for the main activities in the second cycle, establishment of TOT working group, importance of increase in the number of KIT member for each target district, and also proposed some revisions of the guideline that stipulates a basic set of rules in formulating PHCI activities in the second cycle.



In the next session, each of KIT member from target district explained their proposal of revisions on PRIMA Kesehatan guideline that had been made to adjust the guideline with the condition of each district based on previous year experiences. In principle, there was no substantial suggestion that really implies a major revision of the existing guideline. The proposed ideas were additional rules/policies as a set of supplement on top of the guideline that will be applied in each district. The proposed revision included issues such as to promote integration of PRIMA Kesehatan with Desa Siaga, to make sure that transparency is applied by announcing all PHCI activities at the village office, development of case study by using ideas from program manager at health office, limiting number of activity in PHCI proposal by setting clearer priority, PHCI activity plan should be made as a comprehensive plan and also capacity building for staff of district health office and Puskesmas.

It was also informed to each target district to appoint KIT member to be participants and trainers for the second TOT to be conducted on May 26th to 31st 2008 at BAPELKES, to prepare for socialization activity both for schedule and budget, and also to prepare guideline for district supplement edition.

The kick off meeting was ended at 12:00 PM. Closing remark was stated by Mr. Kawahara because vice head of province health office Dr. H. M Saad Bustan, MKes should leave the meeting earlier.

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PRIMA Kesehatan Socialization at New Target Sub-Districts

Regards from PRIMA News Editor

PRIMA News editor welcomes contribution of article, news and comments from any parties, as a forum to share information, experiences and knowledge for the improvement of this program. Thank you.

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Wajo

Socialization of PRIMA Kesehatan for the second year of sub-district level in Wajo district, was held in two new target sub-districts namely Maniangpajo and Gilireng. For Maniangpajo sub-district it was held on May 7th 2008 located in Maniangpajo sub-district office, started from 09.25 am to 13.00 pm, and for Gilireng sub-district was held the day after on May 8th 2008 at Gilireng sub-district office, started from 10.00 am and finished at 12.00pm.

Total number of participants that attended this activity for Maniangpajo sub-district was 45 persons, that consisted of 25 males and 20 females. And for Gilireng sub-district was attended by 50 persons that consisted of 27 males and 23 females. The present participants represented community element as it expected such as Religion and community leader, health staff/Puskesmas staff, Head of village, Teacher, sub-district staff and PKK member. Because K3 has not been established yet in Maniangpajo sub-district, so there were no representative from K3 element.

Socialization activity in Maniangpajo sub-district was opened by Drs. H.A. Pammusureng as a head of Maniangpajo sub-district then continued with remarks from Wajo Health Office represented by Drg. Asri, next remarks was from PRIMA Kesehatan team by Mr. Kawahara and the last was by Dr. Husaidi. Series of those remarks then continued with showing of PRIMA Kesehatan socialization video that consists of information to introduce PRIMA Kesehatan program. And then, materials were explained by KIT member Mr. Huslan S.ST, M.Kes. For Gilireng sub-district, a socialization program was quite same with Maniangpajo socialization program. In Gilireng, socialization

was also opened by Head of Gilireng sub-district, H.A. Syahrial Makkurade SE, SH, and then continued with remarks of Head of Wajo Health Office Dr. H. Abdul azis M., M.Kes.

Discussion session was carried out after the explanation of materials. Many questions were asked by participants in this session that showed their active participation and enthusiasm to the program. Commonly asked questions were such as "what is PHCI?", "what is the difference between village PHCI team and sub-district PHCI team?", "how much is the block grant that will be allocated?", and also "hard copies of PRIMA Kesehatan guidelines will be available?". After discussion session finished, facilitated by Field Consultant, sub-district PHCI was established.



Socialization for new target sub-district in Barru district was held in Tanateriaja sub-district on May 6th 2008 at Tanateriaja sub-district office. This activity was started from 09.00 am and finished at 14.00 pm.

Number of attended participants was 53 persons consisted of 30 males and 23 females. Those 53 persons were representative of religion and community leader, health staff/puskesmas, Head of Village, teacher, Sub-district office staff, and PKK. Because this sub-district did not have K3 team yet, Through this opportunity K3 team was also established and selected its members.

This activity was opened by Tanateriaja sub-district secretary Mr. Anwar, BA then continued with remarks from Barru Health Office, Head of General Affair as representative of Health Office Head who could not attend the activity, the next remarks was by Mr. Shigeki Kawahara as the representative of PRIMA Kesehatan.

After a series of those remarks then continued with showing of PRIMA Kesehatan socialization video that consist of information to introduce PRIMA Kesehatan, and explanation of materials by KIT member, Mr. M. Syukri SKM followed.

After all presentation the meeting continued with discussion session. The participants asked questions such as "why socialization was not conducted at the lower level such as in sub-village?", "why GOJ gives support to Indonesia?", "idea to integrate health education into school curriculum" and other things.

Most of the questions were pointed to speakers that delivered opening remarks rather than questions about the contents of program. This happened because explanation session was begun with showing of socialization video that consists of all basic information regarding the program in a simple way and then continued with explanation from KIT member, so that the participants had already understood the program and what are their roles in the program.

The next session was establishment of sub-district PHCI team. The process of sub-district PHCI team establishment was started by making an agreement among the socialization participants about number of members in their team. Then participants were asked to propose representative names from each elements. Those who were proposed were asked then to confirm if they really have willingness to be members.

Establishment process was running smoothly and agreement was reached by all participants without any objection.

The selected Chairman was a representative from religious leader element, Secretary and Treasurer were representatives of Community leader and Sub-district office staff.



Barru



Bulukumba

Socialization of PRIMA Kesehatan for the second year of sub-district level was also conducted in two new target sub-districts in Bulukumba district namely Gantarang and Bontotiro sub-district. For the socialization in gantarang sub-district was held on May 6th 2008 at Gantarang sub-district office, started from 09.50 am to 12.00 pm, and for Bontotiro sub-district it was held on May 8th 2008 at Bontotiro sub-district office, started from 10.00 am and finished at 15.00pm.

Number of participants that attended this activity for Gantarang sub-district was 92 persons consisted of 37 males and 55 females. This number is less than the expected number. This might be caused by the fact that it was a cropping season and many people were busy. In Bontotiro sub-district number of participant was 65 persons consist of 38 males and 27 females. The participants consisted of Head of village, Puskesmas staff and volunteer, K3 member, Religious and community leader, Sub-district office staff, teacher and PKK members.

The socialization activity in Gantarang sub-village was opened by Secretary of Gantarang sub-district, Mr. Irsyadi A. Amir, SE next with opening remarks from PRIMA Kesehatan team represented by Ms. Saeko Hatta and then continued with material explanation regarding PRIMA Kesehatan program by Mr. M. Alwi SKM, MKes as member of KIT. The next session was discussion session. In Bontotiro, a socialization program was quite same with the at Gantarang sub-district. In Bontotiro sub-district the socialization was opened by the Former head of Bontotiro sub-district, Mr. H. Abd. Azis Arki, SE because new sub-district head for Bontotiro had not been appointed and then it was continued with remarks by Mr. Shigeki Kawaharan, Leader of PRIMA Kesehatan.

Discussion session then continued after all remarks and presentation. There were many questions asked in this session which showed their active participation and enthusiasm to the program. The questions were about activity framework that can be proposed in the proposal, what is the function and roles of government and community within PHCI Team, purpose of socialization, whether this program can support government program following "Healthy Indonesia 2010", asking for more detail explanation on basic concept of PRIMA Kesehatan and request for PRIMA Kesehatan guidelines. Discussion session was followed with showing of PRIMA Kesehatan socialization video. After discussion and video showing session, facilitated by field consultants, sub-district PHCI team was established. After that, they determined socialization schedule for village level.



Village Level Socialization (Wajo)

Desa Mannagae, Kec. Tanasitolo

By: Mannagae PHCI Team

To introduce more about PRIMA Kesehatan to the community in Mannagae village, socialization for the village level was conducted at one villager's house on Saturday night dated May 10th 2008. This activity was attended by Ms. Yuliana Basfain, SKM as a representative of Kabupaten Implementation Team, Field Consultant, 50 persons from Awata and Bila sub-villages, and village staff. Mannagae village had participated in the first cycle of PRIMA Kesehatan.

Although the participants were tired after a long daytime work in paddy fields, they watched socialization video enthusiastically. After this, Mr. Tasbir, Spd as a chairman of PHCI Mannagae explained what is PRIMA Kesehatan program and what is PHCI activity. For this second cycle, they intend to continue balanced mix of physical construction and non physical activities: Healthy Family Toilet Campaign, environment Hygienic Campaign, Cadre Quiz competition and Supplement Food at Posyandu. All those mentioned activities are the follow up of last year activities, with expectation that awareness on the importance of primary health is improved in Mannagae village.



Lowa Village Tanasitolo Sub-village

By: PHCI Lowa Team

As an opening event to enter the second cycle of PRIMA Kesehatan program, on Friday morning dated May 9th 2008 located in "Latea Musu" meeting room at Lowa village, socialization was conducted for the villagers. The socialization was attended by representatives of sub-village people, Mr. Andi Wardana (Chief of Village), PKK members and Posyandu cadres. This village had participated the first cycle of PRIMA Kesehatan.

The community watched PRIMA Kesehatan socialization video with a deep interest, especially when they see parts where they could compare the result that were achieved by their village PHCI with other PHCI Teams. From those comparison and also with experience of exchange program and PHCI seminar that some of them attended at the end of the first cycle, PHCI team of Lowa village concluded that swadaya of Lowa village community has not reached the maximum yet.

After they watched the video, it was continued with a series of presentation such as explanation on PRIMA Kesehatan program, what is PHCI and what were the activities

of Lowa village that had been implemented in the first cycle in 2007. These were presented by PHCI Auditor, Mr. Paride. Next session was discussion between community, PHCI team and Field Consultant. From the discussion session, community decided to continue the "Collective Toilet" program and improvement of Posyandu Service activity. It is expected that, in this second cycle, community swadaya and sense of belonging to PHCI program can be increased.



PRIMA Comments

Bulukumba



Ahmad Nabu, SE
Sek. PHCI Kec. Bontotiro

Me and people of Bontotiro sub-district highly support this program because it aims at community empowerment for better health. I really hope that PHCI teams and activities of this program are able to reach all community segments all the way to the remote villages in Bontotiro sub-district. For the smooth implementation of all PHCI activities in village and sub-district level, community participation in program is important. Through good PR of activity, it is expected that people of Bontotiro sub-district can be more aware on the importance of health. It is also expected that the activity can be continued even after the program is finished. The target of this program is expected to be more focus on poor community in sub-district and villages.

We welcome the presence of PRIMA Kesehatan Program in Gantarang sub-district, where this program gives stimulant fund for community that characterized as block grant.

This program also helps the health organization in sub-district and village level such as Puskesmas or Poskesdes, to change community's way of thinking and behavior, not only through primary health care but also the whole health improvement.

Through various experiences that are shared with some PHCI Teams from Ujungloe sub-district, they said that most of PRIMA Kesehatan activities in the first year focused on Healthy and Clean Life Behavior. We consider that the program will touch more the community in the lowest level with those kind of activities. Problem identification is conducted by PHCI Teams (ourselves) in each of our villages so that we are surely involved, starting from planning process until implementation and monitoring of the activities.



H. Baharuddin
Ka. Puskesmas Gattarang

By practicing health management system based on community participation, I'm sure that PRIMA Kesehatan program will be easily accepted by people of Bialo village, because its in the same path with the spirit and ethos of Bulukumba people generally and people of Bialo village particularly. Beside that, it also appropriate with cultural principle of Bugis and Makassar namely *sipakatau* (respect), *sipakalebbi* (honor each other), and also *lempu na getteng* (honest and clear). This program highly respects communities' opinion and idea on health, plans and implements activity together. The planned activities are expected to be implemented honestly, sincerely, with discipline and clear records of the usage of the fund in accordance with its allocation.

After the socialization of PHCI Program conducted in Bialo village, some problems were identified such as environment problem that are caused by many households that don't have waste water management system. Beside that, community behavior that always defecate in the river, whereas the river is used as a place for bath and laundry by some community. We hope that through PHCI program, Bialo village community will be changed to have better and healthy living.



Agusriadi Maula
Kepala Desa Bialo

Wajo



Indo Atisa
Angg. PHCI Desa Arajang

After I listened to the explanation in the socialization meeting regarding PRIMA Kesehatan program, I think this activity model is appropriate to be applied in the village because the planning is from the bottom following what community desires. I am glad the presence of PRIMA Kesehatan activities in my village. Needs on primary health care can be fulfilled. Because in my village we really need those primary health care, such as family toilet and clean water.

I hope that PRIMA Kesehatan activities in my village can change community's unhealthy behavior and make all of us be aware of the importance of health.

We have been waiting for such a long time the presence of activity where the planning comes from community themselves. We know our village needs better. I expect that the existence of PRIMA Kesehatan, our village can be more hygiene and community can behave in more healthy way. Actually, people in our village have better lives than other villages, but as I can see, there are still many people defecate in inappropriate places, thus through PRIMA Kesehatan, I propose construction of family toilets and elucidation on the importance of health. Community's behavior can be changed and have better understanding on the importance of health.

We had already proposed for the procurement of family toilets to local government but there was no respond yet. Hopefully through this program our proposal can be realized.



Abdul Rahman
Kt. PHCI Desa Polewali

In PRIMA Kesehatan community is expected to fully participate in every step of activity starting from the planning, implementation, evaluation and reporting of activity result. We expect that this program can run well in Maniangpajo sub-district, and even think that it is possible to be more successful than the implementation in the first year in two other sub-districts namely Belawa and Tanasitolo.

Health issues in Maniangpajo are more or less the same with the problems in other sub-districts, such as there are many families who still don't have family toilet, lack of clean water resources, smoking habit, not washing hands before meal and etc. PRIMA Kesehatan is expected to be able to increase community's awareness so they can be more proactive in solving above health problems together.



dr. H. Gusaidi, S.Ked
Kt. PHCI Kec. Maniangpajo

Barru



Anwar Malik
Auditor Int. PHCI Kec. Tanete Riaja

As a community member, I'm very thankful and supporting the implementation of PRIMA Kesehatan program in Tanete Riaja sub-district. Through this program, community are stimulated to keep their environment healthy by carrying out preventive activities against the rises of diseases.

This strategy is able to encourages community to realize that health development responsibility does not rest only with the Puskesmas or Health Office, but it's a l s o the responsibility of all communities.

Beside that, PRIMA Kesehatan program is very relevant with government program namely Desa Siaga to achieve the indicators of Healthy Indonesia 2010. I hope that all community can support this program, directly involved in any disease prevention activities in their environment.

The characteristic of PHCI program (PRIMA Kesehatan) is similar with bait. It stimulates community participation to improve and practice disease prevention behavior.

Since PHCI Team started the activities, community responded very positively and starting prevention activities that were previously considered as responsibility of health staff.

The changes that were happened to community were made possible with support of village government and various social organizations in the village.



M. Azil Marzuki, BA
Ketua PHCI Desa Pancana