



PRIMA NEWS

PRIMA Kesehatan

Better Health by Community Participation



JICA and Government of South Sulawesi Province Cooperation Program 2007-2010 with Target Districts are Barru, Wajo and Bulukumba

Meeting of PRIMA Kesehatan Second TOT Working Group

PRIMA News Index

*Meeting of PRIMA Kesehatan
Second TOT Working Group*

Page.....1

*2nd Year Training of Trainers (TOT)
PRIMA Kesehatan*

Page.....2

*Implementation of PRIMA Kesehatan
Planning Workshop for Sub-district Level*

Page.....3

PRIMA Comments

Page.....4

PRIMA Healthy Info (DF)

Page.....4

On May 21st 2008, meeting of 2nd PRIMA Kesehatan TOT (training of Trainers) working group was held at Baruga Madising office of Province health office. This activity was attended by members of KIT (Kabupaten Implementation Team) from each target district, Province Counterpart, Field Consultant and PRIMA Kesehatan team. The purposes of this meeting were to confirm the readiness of each KIT members to be a facilitator, to give brief explanation on the contents of each modules that later will be presented by them in TOT.

This Working group consisted of KIT members and Field Consultant of each target district, who will be assigned as facilitators (and participants at the same time) of PRIMA Kesehatan second TOT.

Different from TOT last year where all the modules were facilitated by Mr. Kawahara and Mr. Ricky Djodjobo (by PRIMA Expert Team), for the second TOT each module in planning workshop session was distributed to each certificate holder who are KIT members, and was given more active role to be a facilitator of a respective module in TOT. This action was taken as one of the process of "take over" of PRIMA Kesehatan program from JICA Expert Team side to governments of target districts. KIT members who had attended TOT in the first cycle became facilitators of the 1st to 10th modules.

Distribution of modules to KIT members was fixed as follows:

| Module | Title | Name of Facilitator | District |
|--------|----------------------------|---------------------|-----------|
| 1 | Health Authority | M. Syukri, SKM | Barru |
| 2 | Stakeholder Participation | Ir. Nasruddin | Barru |
| 3 | Model for Improving PHC | Abd. Kadir, SKM | Wajo |
| 4 | The Healthy Desa/Kecamatan | Yuliana B, SKM | Wajo |
| 5 | Analyzing Our PHC | M. Alwi, M.Kes | Bulukumba |
| 6 | Measuring PHC | Hj. Nahda, SKM | Wajo |
| 7 | Preparing an Action Plan | dr. Abd. Gaffar | Bulukumba |
| 8 | Plan Implementation | Syamsuddin N,SKM | Wajo |
| 9 | Monitoring and Evaluation | Drs. Arsan W | Wajo |
| 10 | Fund Raising | Arniwati S. TJ.,SE | Bulukumba |

Field Consultants were also assigned to facilitate some modules in TOT. Field Consultant for Bulukumba district were assigned to facilitate modules for report writing, Field Consultants from Wajo district were assigned to facilitate Financial Management and Reporting, and Field Consultant for Barru district were assigned to facilitate Activity Reporting Module.

Briefly and clearly, design concepts behind those modules were explained by Mr. Ricky Djodjobo. In addition, it was also informed that two kinds of certificate will be issued for TOT participants. First kind of certificate is PRIMA Kesehatan TOT Trainers Certificate. This certificate will be given to those who had already attended first cycle of TOT, conducted facilitation for PHCI teams in the first cycle, and at least facilitate one session in this second TOT. The second type of certificate is PRIMA Kesehatan Facilitator Certificate. This certificate is for those who attend at least 4 days of the 2nd TOT, and facilitate at least 6 session within the second cycle PRIMA Kesehatan. After those explanations, the readiness of each KIT members were confirmed. Basically, all KIT members expressed their willingness to be facilitators for this up coming TOT. It was also confirmed that in case a person who were assigned to be a trainer can not attend the TOT, the task of trainer will be taken by other KIT members from the same district.



2nd Year Training of Trainers (TOT) of PRIMA Kesehatan

Reported by:
Fatmawaty Nur (Research Assistant)

For the second time, PRIMA Kesehatan JICA Expert Team held Training of Trainers. It was conducted for 6 days during the period from May 26 until May 31 2008. The activity aims to train the participants to be facilitators of this PRIMA Kesehatan. The venue was in BAPELKES (Health Training Office) Antang, Makassar. The activity of the first day was started at

11.30 and was officially opened by Vice Head of Health Office of South Sulawesi Province, Dr.H.M Saad Bustan, M.Kes. The representative of JICA MFO, Mr. Yasunori Minagawa, was there.

The participants who joined were Kabupaten Implementation Team from Bulukumba, Wajo, and Barru District, and Field Consultants. Different from the 1'st TOT, there were several representatives from health office of South Sulawesi Province. Beside that, there were also newly joined members of Kabupaten Implementation Team from each district.

Before the TOT was officially opened, Mr. Kawahara started to present the overview of PRIMA Kesehatan. Mr. Kawahara was glad that the number of participants is increased, compared with the previous one. Mr. Kawahara also added that these participants are expected to get involved with the activities of the community. They have to facilitate the workshops for PHCI teams for planning and preparation of proposals in each village and sub-district.

After Mr. Kawahara's presentation was finished, the official opening session started. Mr. Minagawa from JICA MFO delivered his speech. It was followed by the opening speech by Dr.H.M Saad Bustan, M.Kes. Next activity was to divide the participants into several groups and started workshop activities following the training modules.

The interesting part of this TOT is that each of modules was facilitated by the KIT members from each targeted district who had experienced TOT in the 1'st cycle. In addition, the overview of Desa Siaga was also added as a new session that was presented in a first day of TOT. This is an effort to create links between PRIMA Kesehatan and Desa Siaga. The overview of Desa Siaga was presented by Mr. Hasbullah, SKM.,M.Kes from provincial health office. Mr. Ricky Djodjobo and Mr. Kawahara, who were the facilitators on the previous cycle, only gave conclusions and short comments in cases when there were something to be emphasized or added. In this TOT, all participants were quite active in expressing ideas and questions especially during the presentation at the end of each group work within a training module.

At the end, Mr. Kawahara closed the 2'nd cycle of TOT officially at 12.30 on Saturday. He also hoped that this TOT made the participants ready to become good facilitators for PHCI Teams and the other people in villages and sub-districts in their districts.



As a part of operational step of the present 2nd cycle of PRIMA Kesehatan program, planning workshops have been conducted in each target sub-district of PRIMA Kesehatan, in Barru, Wajo and Bulukumba district, same as the first year. This workshop aimed to build the capacity of PHCI teams in formulating plan for improvement of primary health care in their village. Herewith the brief report of monitoring result from each workshop that were attended by PRIMA Kesehatan team. The following report was prepared by Mr. Ricky Djodjobo, PRIMA Kesehatan Field Operational Advisor.

Implementation of PRIMA Kesehatan Planning Workshop for Sub-District Level

Reported by:
Ricky Djodjobo

1. Bontotiro sub-district, Bulukumba District (3rd June 2008 – 1st day)

The workshop was officially opened by Secretary of Bontotiro sub-district. The workshop was attended by all expected participants from each PHCI team with total number is 52 participants consisted of 37 males and 15 females. Most of the participants of this workshop come on time as scheduled in their invitation and keep following the workshop until all session of the first day completed. Some of the participant are member of Desa Siaga team, and have been trained by Desa Siaga program.

Two KIT members, Mr. Alwi and Ms. Kasmarinda attended and facilitate this workshop, together with the FC in charge for this kecamatan.

Discussions were fairly active, however some certain persons seemed to dominate the discussion. There was a demand by participants to have a standard answer for each activity as the only answer, but later after being explained they can understand that what they write in the paper is more as a tool for sharing idea/opinion and information to be discuss rather than an absolute answer.

2. Bonto Bahari sub-district, Bulukumba district (4th June 2008 – 1st day)

The workshop at Bontobahari sub-district was officially opened by sub-district secretary. In the morning session of the first day, this activity was taken place at office of education office, since the sub-district office was used for other event.

Gender balance of participants was good around 40 : 60. Almost all representatives from each PHCI team were present. At least there were three PHCI teams sent their representative who are also member of Desa Siaga team in their village and has been trained.

Two KIT members, Mr. M. Alwi.M.Kes and Mr. Rifai. SKM attended and facilitated this workshop, together with the FC in charge for this kecamatan. The discussions were fairly active.

3. Ujung Loe sub-district, Bulukumba district (5th June – 2nd day)

The workshop was attended by all of the expected participants from the PHCI teams with total number is 52 participants which consist of 36 males and 16 of females.

Two KIT members, Dr. H. Abd. Gaffar and Ms. Andi Chadi. SKM attended the workshop. Those KIT members facilitated this workshop together with the FC in charge for Ujung Loe sub-district.

The discussions were active and good. Data from desa siaga was also available and provided by member of Kecamatan PHCI team, who is also a staff Puskesmas. However some data were admitted inaccurate data even by the Puskesmas staff.

4. Maniangpajo sub-district, Wajo district (6th June 2008 – 2nd day)

The workshop in Maniangpajo sub-district was attended by almost all of the expected participants from the PHCI team. Total attended participants were 35 participants, with gender balance was around 60:40. Some participants were also member of Sesa Siaga team.

All modules for day 2 were facilitated by the FC who in charge for Maniangpajo sub-district.

5. Gilireng sub-district, Wajo district (7th June 2008 – 3rd day)

Same with workshop implementation in other sub-district, in Gilireng sub-district almost all participants of the workshop in Gilireng came on time according to the schedule that was informed before. Number of present participants was 40 participants which consisted of 19 males and 21 of females.

The discussions were fairly active, but sometimes some groups were too busy with their group work while some participant were presenting their work or making comments. However all the participants looked very enthusiastic during the workshop. At the end of the workshop, it was closed by the secretary of Gilireng sub-district.

6. Tanasitolo I sub-district, Wajo district (9th June 2008 – 1st day)

First day of the workshop implementation at Tanasitolo sub-district was started a little bit late from its informed schedule, because participants came late. Some expected participants from the PHCI teams not attended the first day. Only 37 out of 44 expected participants attended the first day. But all PHCI team have their representatives. Participants gender composition is 16 males and 21 females.

The Workshop was opened by the secretary of kecamatan. The head of Puskesmas Tanasitolo also participated to make presentation about the general health condition and problem (data) in this kecamatan.

Three members of KIT Wajo, Mr. Huslan, S.ST.M. Kes, Ms. Anna Widyastuty R. SKM and Mr. Abd. Kadir.SKM also attended this workshop, and two of them facilitated some session in the day-1 of workshop.

7. Riaja sub-district, Barru district (10th June 2008 – 1st day)

Most participants of the workshop, came on time according to the invitation. From 28 participants expected in this workshop, 4 person didn't come at the first day, but all desa/kelurahan had their representatives in the workshop. Same with the workshop in other sub-district, some of the participants were also member of Desa Siaga team.

The workshop was opened by the head of Administration Section in Dinas Kesehatan Barru, yaitu Bapak Drs. H.Udding. 5 KIT members of Barru, Mr. Drs. H. Udding, Mr. Umar.S. SKM.M.Kes, Mr. Syukri,SKM, Mr. Andi Panarang,SKM, and Mr. Ir. Nasruddin attended the workshop and facilitated all session on day-1 of workshop.

Discussion session and interaction among groups were working very well and enjoyable.

8. Gantarang I, Bulukumba district (11-12 June 08 – 2nd&3rd day)

All expected participants attended the workshop in Gantarang. The kecamatan team even sent 5 participants. So the total number of participants were 45, with the ratio of 28 males : 16 females. There were some participants who also member of desa siaga team.

On the day-2, two KIT members, Dr. Gaffar and Mr. Ikhwan, SKM attended the workshop and facilitate some session.

The discussions in this workshop were quite active and all the participants looked enthusiastic. Involvement of all participants in all session seemed good too.

9. Gantarang II, Bulukumba district (13th June 08 – 1st day)

All the expected participants attended the workshop for Gantarang II. Total participants were 40 which consisted of 23 males and 17 females. Like in other sub-district some PHCI members who participate in this workshop were also member of Desa Siaga team.

There were 4 members of KIT who attend this workshop, they were Mr. M. Alwi, Dr. Gaffar, Mr. Nuralim, and Ms. Irma who is a new KIT member from BAPPEDA. Except Ms. Irma, all the other KIT members facilitated one or two session on the day-1.

10. Barru sub-district, Barru district (17-18 June 2008–1st & 2nd day)

The planning workshop for kecamatan Barru and Tanete Rilau were conducted in the same location, namely Bolasoba'E building. During the opening, introduction of desa siaga, and the evaluation session the workshop were jointly for both kecamatan, but starting from module 1 until the end of workshop, the kecamatan were separated into 2 classes.

The workshop was officially opened by the Head of Administration of Barru health office. 3 KIT members, Mr. Drs. H. Udding, Mr. Syukri, SKM and Mr. Ir. Nasruddin attended and facilitated the first day of this workshop. For Desa Siaga introduction, it was presented by Mr. Haeruddin (staff in DINKES Barru).

From total 44 participants expected to attend this workshop only 39 attended on the first day, but all team were represented. On the second day, 43 participants attended the workshop, and the gender ratio was 27 men : 17 women.

11. Tanete Rilau, Barru district (17-18 June 2008 – 1st & 2nd)

As mentioned before, the planning workshop for kecamatan Barru and Tanete Rilau were conducted in the same location and same room for the first 3 sessions, and after that they were separated in two classes.

From 44 participants expected to attend this workshop for Tanete Rilau, only 38 attended on the first day. In the afternoon session of the first day and in the morning session of day 2 no representative from PHCI Kecamatan attended. On the second day, 44 participant attended the workshop.

The group works were conducted well and the discussions were quite active even the size of the hall was big. Discussion working groups were working quite actively.



PRIMA Comments



Muh. Said Patnah
Ka. PHCI Kec. Gantarang

By the presence of PRIMA Kesehatan program in Bulukumba district particularly at Gantarang sub-district, we hope that community can be more motivated to carry on preventive action before disease infect people in the community.

According to the explanation at the last socialization activity (6th May 2008) at Gantarang sub-district office, PRIMA Kesehatan will dig up health problems in village and sub-district levels. Then those problems will be solved together by implementing the activity together. So we may say that this PHCI activities are coming from community, works for community, and the result

will be gained by community themselves.

For the success of this program, it requires 4 principles. The first principle is working together, or to maintain the good relationship among team members, community and other parties. The second is awareness or, in other words, all the activities are implemented by their own willingness, not because they are imposed. The third is hard working or spirit to change community's ways of thinking on the importance of health. And the fourth is to be sincere which means that all that we do is done for the establishment of healthy community without expecting any reward.



Abdullah
Ka. PHCI Mamminasae

We are thankful for the presence of PRIMA Kesehatan program in Gilireng sub-district especially at Mamminasae village. Because of the presence of this program, we can start activities for the improvement of community health in the

village.

We understood that this program is a kind of stimulation program, which is expected to be improved and continued by government and community of Mamminasae village themselves, even after PRIMA Kesehatan program has been finished in Wajo district. Improvement and implementation of this activity intend to make community get used to maintain their health by adopting healthy behavior and keeping the environment clean.



Drs. Syarifuddin
Ka. PHCI Desa Libureng

I am, as a community member of Libureng village Tanete Riaja sub-district, Barru district, very thankful for the presence of PRIMA Kesehatan program in our village. Hopefully by this program, people will understand importance of maintaining their health, so that finally Libureng village will become

Healthy Village.

As a Head of Village and also as a chairman of Libureng village PHCI Team, I'm expecting that all community members of Libureng village to keep supporting and actively participating in every PRIMA Kesehatan activity implementation for our own advancement.

I really support this program, because it's a health program. It is expected that by the presence of this program, awareness of Bontotiro people in general, and particularly for Tritiro people on the importance of health can be much higher.

This program is more focused on community participation, so that it is expected that it will be able to reach community in the remote area. Hopefully the activities can be well implemented with cooperation from any parties such as from community itself, sub-district, government, in this case health office and all components in the village.

And also if God may allow us, we will try to make new innovation and we will try as much as we can for the improvement of Tritiro village, so that it can compete with other villages within BontoTiro and other sub-district.



H. Amiruddin L, BA
Ketua PHCI Tritiro

As a secretary of Lasitae village, Tanete Rilau sub-district, Barru, I have been taking care many community importance, and I think this PHCI program is the most impressive program. Because, village community directly involved as an actor in thinking and implementing activities to prevent disease. Within the planning process in the 1st Cycle, we gained a lot of

new knowledge on how a problem can be solved with a systematic planning and according to the needs. In implementation process, PHCI members directly involved to manage all necessary activities start from preparation until evaluation of achieved activity result by themselves.

For many members of PHCI Lasitae, the evaluation activity in this program was the first experience in evaluation process which was conducted by themselves. In short, PHCI program has been giving a lot of knowledge and experiences for community to directly involve to find out the solution of health problem.

Hopefully this activity can be sustain and can be used as a sample for other program which intervene in the village.



Antahirah
Ka. PHCI Lasitae, Barru



DF Disease

Dengue fever is transmittable disease which is caused by Dengue virus and transmitted by *Aedes Aegypti* mosquito bites. This disease can attack adult, children and under five child.

DENGUE FEVER SYMPTOMS

- Usually it is manifested with 4 clinical major symptoms; high fever for 2-7 days, bleeding, liver dilation and failure of circulation/shock.
- Enclosing symptoms ; severe dizziness, muscle painful, appearance of blotch/red in skin, bone painful, queasy, heart burn.
- Bleeding phenomena that usually appears are red spot in face and arms-leg and at the palate. Nosebleed and gums bleeding may also occur. The worse condition can cause internal bleeding.
- Critical phase is when the temperature is decrease, between the third and fifth day. Risk of shock is decrease (sweating, restless, feet

PRIMA Healthy Info

-hands edge is cold) and can be worse.

PREVENTION OF DENGUE FEVER

The effective prevention should be carried out integrally together among the community, government and health officer. Eradication effort includes:

- Prevention, which is known as 3M Movement, that are:
 - Draining water container regularly at least once a week or sowing abate powder into it.
 - Closed up the water container
 - Burying/wasting the junk that can retain rain water such as tin can, plastic, etc
- Eradication of vector/mosquito; fogging which focused on location where the case is found.
- Home visit to observe the larva and sowing of abate powder.
- Elucidation and working together to conduct 3M Movement.

Resources : Quoted from several sources

PRIMA News Address

At 2nd Floor of South Sulawesi Province Health Office

Jl. Perintis Kemerdekaan Km.11

Telp/Fax : 0411 - 589473/589273

Contact Person: Marnie Arianto, E-mail : marnie_smg@yahoo.co.id

Regards from PRIMA News

PRIMA News Editor welcome 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